



Town of Arlington Board of Selectmen

Meeting Agenda

May 15, 2017

7:15 PM

Selectmen's Chambers, Town Hall, 2nd Floor

PROCLAMATIONS

1. Purple Heart Designation and Dedication
 - a) Declaring Arlington as a "Purple Heart Community"
 - b) Designating Massachusetts Avenue as Arlington's "Purple Heart Avenue"Jeffrey Chunglo, Director of Veteran's Services
The Arlington Veterans Council

CONSENT AGENDA

2. Minutes of Meetings: May 8, 2017
3. Request: Annual Greek Festival, June 1, 2017 - June 4, 2017
Rev. Dr. Nicholas M. Kastanas, Pastor, St. Athanasius the Great, 4 Appleton Street
Constandinos Ioakimidis, President, Parish Council
 - a) 4-Day Special (One Day) Beer & Wine License
 - b) "One Way" designation of Appleton Place (between Mass. Ave. & Burton St.)
 - c) Acton Place - street closing
4. For Approval: Hackney/Taxi Business Operator's Permit Renewals
Arlmont Taxi, Louis Truscello
Arlington Veteran's Taxi, Thomas Whelan, Jr.
Boston Airport Express, Shafan Nath
Boston Ride, Abdullahi Magan
Leo's Taxi Service, Leo McHugh
V.T.S. Taxi, Michael Antonellis
5. For Approval: Wine & Malt License Revision
Christopher Furlong & Anka Bric, 315 Broadway, Twyrl
(Approved 4/24/17)
6. For Approval: Sidewalk Cafe Permit Renewal
ZA Restaurant, 138 Mass. Ave., Jeff Broadman
7. For Approval: Change of Manager-All Alcohol License
Lauren Dexter, 645 Massachusetts Avenue, Not Your Average Joe's
8. For Approval: 4th Annual Celebrate! 5K Fun Run/Walk, June 10, 2017
Arlington High School Girls' and Boys' Cross Country Teams

9. Request: Change of Date, AHS Ice Cream Fundraiser for Dana-Farber Cancer Institute, from May 20 to May 27, Jefferson Cutter House Lawn
Tarangana Thapa, Patrick O'Toole, Jeremiah Jacob Dolan
The AHS Scoops Club
10. For Approval: KENO To Go Monitor
Broadway Market, 94-96 Broadway
11. Request: Special (One Day) Beer & Wine License, 5/27/17 @ Robbins Memorial Town Hall for a Private Event
Whitney DeVito/John Bowler
12. Request: Special (One Day) Beer & Wine License, 5/27/17 @ Whittemore Robbins House for a Private Event
Monica Connarton
13. Request: Special (One Day) Beer & Wine License, 5/28/17 @ Robbins Memorial Town Hall for a Private Event
Greg and Heidi Turner
14. Request: Special (One Day) All Alcohol License, 5/28/17 @ Whittemore Robbins House for a Private Event
Eric Larson
15. Request: Special (One Day) Beer & Wine License, 6/3/17 @ Robbins Memorial Town Hall for a Private Event
Amy Rosenthal
16. Request: Special (One Day) Beer & Wine License, 6/3/17 @ Whittemore Robbins House for a Private Party
Sarah Wald
17. Request: Special (One Day) Beer & Wine License, 6/4/17 @ Whittemore Robbins House for a Private Event
Marilyn Zuckerman
18. Request: Special (One Day) Beer & Wine License, 7/15/17 @ Robbins Memorial Town Hall for a Private Event
Erika Olsen

APPOINTMENTS

19. Arlington Bicycle Advisory Committee , Executive Board
Elizabeth Shea (term to expire 5/31/2020)
20. Board of Youth Services
Lori Pescatore (term to expire 1/31/2020)

LICENSES & PERMITS

21. For Approval: Food Vendor License
Mamadou's Artisan Bakery, 677 Massachusetts Avenue
Mame Diouf & Mamadou Mbaye

CITIZENS OPEN FORUM - SIGN IN PRIOR TO BEGINNING OF OPEN FORUM

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, nor a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time limit to present a concern or request.

TRAFFIC RULES & ORDERS / OTHER BUSINESS

22. For Approval: Placement of 'Relay for Life' Lawn Signs, 5/17/17 - 6/12/17
Kimberly Van Winkle, Relay for Life, Arlington
23. For Approval: Two Sandwich Boards, 6/2 - 6/9, for Give Back Time's 'A Taste for Giving'
Jared Blake, Founder/CEO, Give Back Time, Inc.
24. For Approval: 19th Annual Feast of the East, June 17
Jan Whitted, Capitol Square Business Association
25. For Approval: Arlington Alive Summer Arts Block Party, Saturday, June 24, 2017, 11:00 a.m. - 4:00 p.m.
 - a) Restrictions and street closure from 9:00 a.m. to 6:00 p.m. on Broadway @ Massachusetts Avenue, Broadway @ Alton Street, and Broadway before the Central Fire Station;
 - b) Performances and booths on Broadway Plaza;
 - c) No parking at spaces on Broadway in front of the Veterans' Memorial starting at 8:00 a.m.;
 - d) Temporary bus stop to be located on the Massachusetts Avenue side of the Veterans' Memorial (length of three on-street parking spaces);
 - e) Hanging of twelve pole banners in Arlington Center;
 - f) Suspension of parking fees in the Russell Common Lot during event.

Tom Davison, Arlington Committee on Tourism and Economic Development
Marga Varea, Manager, Arlington Alive Summer Arts Block Party
26. Endorsement of Community Choice Aggregation Contract Execution Parameters
Adam W. Chapdelaine, Town Manager

CORRESPONDENCE RECEIVED

Request Two Stop Signs at Intersection of Mary Street and Burch Street
William J. Logan, Esq., 5 Mary Street
via Request/Answer Center

NEW BUSINESS

EXECUTIVE SESSION

Next Scheduled Meeting of BoS June 5, 2017.



Town of Arlington, Massachusetts

Purple Heart Designation and Dedication

Summary:

- a) Declaring Arlington as a "Purple Heart Community"
 - b) Designating Massachusetts Avenue as Arlington's "Purple Heart Avenue"
- Jeffrey Chunglo, Director of Veteran's Services
The Arlington Veterans Council

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Purple_Heart_Designation.docx	Designation
▢ Reference Material	Purple_Heart_Proco.doc	Proclamation

Purple Heart Designation

On Monday, May 15, 2017, the Arlington Veterans Council will appear before the Board of Selectmen for a special dedication. The Board of Selectmen will read a proclamation declaring the Town of Arlington as a "Purple Heart Community," and will also designate Massachusetts Avenue as Arlington's "Purple Heart Avenue." All residents, especially Purple Heart recipients are invited to attend this special presentation. The Board of Selectmen's meeting will begin at 7:15 p.m. For additional information, please contact Jeffrey Chunglo, Director of Veterans' Services at 781-316-3166.

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE

TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

PROCLAMATION

WHEREAS: The Town of Arlington, in the Commonwealth of Massachusetts, has always supported its military veteran population; and

WHEREAS: The Purple Heart is the oldest military decoration, in present use, and was initially created as the Badge of Military Merit by General George Washington in 1782; and

WHEREAS: The Purple Heart was the first American Service Award or Decoration made available to the common soldier, and is specifically awarded to members of the United States Armed Forces who have been wounded, or who gave their full measure by engaging in combat with a declared enemy of the United States of America; and

WHEREAS: The residents of the Town of Arlington, originally named Menotomy, have played a role in securing our liberties and freedoms since the Revolutionary War, many of whom are highly decorated veterans, including Purple Heart recipients; and

WHEREAS: Arlington appreciates the sacrifices our Purple Heart recipients made in defending our freedoms and believe it is important that we acknowledge them for their courage and sacrifices, and show them the honor and support they have earned.

NOW, THEREFORE, BE IT RESOLVED, that we, the Members of the Board of Selectmen of the Town of Arlington, Massachusetts, do hereby proclaim the Town of Arlington as a ***PURPLE HEART COMMUNITY*** and designate Massachusetts Avenue as its honorary Purple Heart Avenue; we encourage all residents to show their appreciation for the sacrifices that our Purple Heart recipients have made in defending our freedoms, to acknowledge their courage, and to show them the honor and support they have earned.

_____	SELECTMEN
_____	OF THE
_____	TOWN
_____	OF
_____	ARLINGTON

A true record.

ATTEST:

By: _____
Board Administrator



Town of Arlington, Massachusetts

Minutes of Meetings: May 8, 2017

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	5.8.17_draft_minutes.docx	draft minutes 5.8.17

TOWN OF ARLINGTON
BOARD OF SELECTMEN
Meeting Minutes
Monday, May 8, 2017
7:00 PM

Present: Mr. Curro, Chair, Mr. Byrne, Vice Chair, Mr. Greeley, Mrs. Mahon, and Mr. Dunn
Also Present: Mr. Chapdelaine, Mr. Heim and Mrs. Krepelka

Mr. Curro asked for a moment of silence in memory of Jean Burg, a long time Arlington resident and former part-time employee of the Selectmen's Office. Jean will be greatly missed by her family and many friends.

1. Thank You to Diamond and Platinum Sponsors of Patriots' Day Parade
Patriots' Day Parade Committee

Christine Bongiorno, Director of Health and Human Services, thanked all the sponsors who made the 2017 Parade possible. This year Leader Bank was the Diamond Sponsor and the Board thanked them for their generosity and support. Leader Bank celebrates fifteen years of service to the Arlington community and their sponsorship was a way to give back and celebrate Arlington.

PROCLAMATIONS

2. 100th Anniversary, Boy Scout Troop 306

Mr. Greeley read the Proclamation honoring Boy Scout Troop 306. The Board declared and named Friday, June 23rd, 2017 as "Troop 306 Day" in the Town of Arlington in honor of its 100th Anniversary.

Mr. Byrne moved approval.

SO VOTED (5-0)

CONSENT AGENDA

3. Minutes of Meetings: April 24, 2017; May 1, 2017

Mr. Byrne moved approval of the April 24, 2017 Minutes.

SO VOTED (4-0-1)

Mr. Greeley abstained.

Mr. Byrne moved approval of the May 1, 2017 Minutes

SO VOTED (5-0)

4. Request: Special (One Day) Beer & Wine License, 5/20/17 @ Robbins Memorial Town Hall for a Private Event
Cara Hogan, Darren Josey

5. Request: Special (One Day) Beer & Wine License, 5/20/17 @ Whittemore Robbins House for a Private Event
Allison Cook, David Hirsh

Mr. Byrne moved approval.

SO VOTED (5-0)

APPOINTMENTS

6. For Approval: Appointment of Parking Clerk
Joseph A. Curro, Jr., Chair, Board of Selectmen

Mr. Greeley moved approval to extend appointment through the end of Fiscal Year 2018.

SO VOTED (5-0)

Mr. Greeley moved approval to appoint Steven Byrne as the Board's liaison to the meet with Town Manager Adam Chapdelaine, Deputy Town Manager Sandy Pooler and Deputy Town Treasurer Michael Morse to review all parking operations, both within the context of changes which Mr. Carman and Mr. Morse are implementing within the Treasurer's Office

SO VOTED (5-0)

TRAFFIC RULES & ORDERS / OTHER BUSINESS

7. For Approval: 3rd Annual Sidewalk Sale to Benefit 'Earth Citizens Organization' @ 325 Broadway, Saturday, 5/13/17 from 10:00 a.m. - 2:00 p.m.

Mary Jo Sargent, Body and Brain Yoga and Tai Chi, 325 Broadway

Mrs. Mahon moved approval subject to all conditions as set forth.

SO VOTED (5-0)

8. For Approval: Amendment to Traffic Rules & Orders

a) Schedule IV: Isolated Stop Signs

Mr. Dunn moved approval for Isolated Stop Signs at University Road

SO VOTED (5-0)

b) Article V, Section 15E: Parking

Officer Corey Rateau, Traffic and Parking Unit

Mr. Byrne moved approval.

SO VOTED (5-0)

CORRESPONDENCE RECEIVED

Invitation to Participate in Memorial Day Ceremony

Jeffrey A. Chunglo, Director of Veterans' Services

Request to Change Speed Limit to 25 mph on Westminster Avenue and Lowell Street

Sue Doctrow, Town Meeting Member Pct. 21, 99 Westminster Avenue

According to Mr. Curro this request was rectified by installing 25 mph signs at the end of last week.

Traffic Flow on Glenburn Road

Kristin J. Merta, 12 Glenburn Road

Mrs. Mahon moved to refer to the Town Manager for review and recommendations.

SO VOTED (5-0)

Petition For Temporary Repairs To Regis Road

Abutting Property Owners, Regis Road

Mr. Greeley moved to refer to the Town Manager and Director of Public Works for review and recommendation. SO VOTED (5-0)

Parking Request East Arlington/Capitol Square

Cheryl Marceau

Mrs. Mahon moved to refer to the Town Manager for review and recommendations after consulting with the Fire Dept., Police Dept., and TAC. SO VOTED (5-0)

Mrs. Mahon moved receipt of "Correspondence Received". SO VOTED (5-0)

Mrs. Mahon moved to adjourn at 7:35 p.m. and reconvene downstairs for the Annual Town Meeting. During Town Meeting, the Board of Selectmen will be in session from 8:00 p.m. until 11:00 p.m.

Next Scheduled Meeting of BoS May 15, 2017

A true record attest:

Marie A. Krepelka
Board Administrator

5-08-17

Agenda Item	Documents Used
1	Thank you from Patriots Day Parade Committee
2	Proclamation - 100th Anniversary, Boy Scout Troop 306
3	Minutes of Meetings 4.24.17 and 5.1.17
4	Special One Day Application Packet 5.20.17 - Hogan/Josey
5	Special One Day Application Packet 5.20.17 - Cook/Hirsh
6	Parking Clerk Appointment / J.Curro
7	Request for Sidewalk Sale – Body and Brain Yoga
8	C. Rateau Memo, Schedule IV: Isolated Stop Signs – Stop Sign @ University Ave. C.Rateau Memo, Article V: Parking – Municipal Vehicle Meter Exemption
Corr. Rec'vd	Correspondence from J. Chunglo – Memorial Day Invitation Doctrow Correspondence – Speed Limit on Westminster and Lowell K. Merta Correspondence / Ref. Material 5.8.17 Traffic Flow on Glenburn Road Ref. Material / Petition for Regis Road Repairs Parking Request East Arlington/Capitol Square - Cheryl Marceau



Town of Arlington, Massachusetts

Request: Annual Greek Festival, June 1, 2017 - June 4, 2017

Summary:

Rev. Dr. Nicholas M. Kastanas, Pastor, St. Athanasius the Great, 4 Appleton Street

Constandinos Ioakimidis, President, Parish Council

a) 4-Day Special (One Day) Beer & Wine License

b) "One Way" designation of Appleton Place (between Mass. Ave. & Burton St.)

c) Acton Place - street closing

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	Greek_Festival_Request.pdf	Request from St. Athanasius; Special Beer & Wine application



Metropolis of Boston

SAINT ATHANASIUS THE GREAT GREEK ORTHODOX CHURCH

4 Appleton Street, Arlington, MA 02476



May 3, 2017

Dear Selectmen;

Our annual Greek Festival will be celebrated this year on Thursday, Friday, Saturday, and Sunday, June 1, 2, 3, & 4 2017 on our campus at 4 Appleton Street. Please accept our request for the following:

- Permission to serve wine and beer at our 4-day Festival 2017 event. The wine and beer bar will be strictly monitored and supervised by our Bar Manager, Mark Ypsilantis, and President of our Parish Council, Constandinos Ioakimidis. We have attached a completed Special License Application Packet with this request along with the \$125 fee and insurance documents covering the Town and Church.
- We ask for the authorization that Appleton Place, between Massachusetts Avenue and Burton Street, be designated a "One Way Street" heading up towards Burton Street, including the closing of Acton Place. This was put into practice the last several years during the festival, proving to be very successful in controlling traffic flow and alleviating congestion. We plan to have the appropriate police detail to further assist with matters in this area.

We are grateful for your ongoing support and look forward to welcoming you at our Annual Greek Food Festival!

Faithfully,

Rev. Nicholas M. Kastanas
Parish Priest/Pastor

Constandinos Ioakimidis
President-Parish Council

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: _____Dean Ioakimides - President, Parish Council _____

Address, phone & e-mail contact information: 4 Appleton St. Arlington, MA; cell: 781-844-8159;
email: Dean@steveandsonsinc.com _____

Name & address of Organization for which license is sought: __St. Athanasius The Great__
__Greek Orthodox Church; 4 Appleton Street, Arlington Ma 02474__

Does this Organization hold nonprofit status under the IRS Code? ☒ Yes ☐ No

Name of Responsible Manager of Organization (if different from above): __Mark Ypsilantis (Tip
Certified) & Asst. Mgr. Christain Makredes (Tip Certified) _____

Address, phone & e-mail contact information: _____39 Maynard St. Arlington;
Cell-781-724-6973; mypsilantis@gmail.com _____

Has the Applicant or Organization applied for and/or been granted a special liquor license this
calendar year? __No__ If so, please give date(s) of Special Licenses and/or applications and
title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what
location? _____ Yes, June 2,3,4 & 5, 2016 _____

24-Hour contact number for Responsible Manager on Event date: _____ see above _____

Title of Event: _____Arlington Greek Festival _____

Date/time of Event: _____June 1,2,3 & 4, 2017 _____

Location of Event: _____4 Appleton St., Arlington MA _____

Location/Event Coordinator: _____Dean Ioakimides _____

Method(s) of invitation/publicity for Event: _____Banners, Flyers, Newspaper, Radio _____

Number of people expected to attend: _____ estimated 10,000 over 4 days _____

Expected admission/ticket prices: _____ No admission cost _____

Expected prices for food and beverages (alcoholic and non-alcoholic): _____ Beer \$6-\$7 & Wine

\$7(glass); \$20 (poured bottle); Food prices range from \$6 - \$20 _____

Will persons under age 21 be on premises? _____ yes _____

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____ All bar patrons will be asked for government issued photo ID; Tip Certified bar attendant present at all times _____

Have you consulted with the Department of Police Services about your security plan for the Event? Yes _____

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rateau Date 5-11-17
Off. Corey P. Rateau
Printed name/title

POLICE COMMENTS:

adjustments will be made with detail
request re: start and end times. already
discussed with applicant.

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.) _____ Beer & Wine _____

What types of food and non-alcoholic beverages do you plan to serve at the Event? _____
_____ Greek Cuisine & pastries along with soft drinks & water _____

Who will be responsible for serving alcoholic beverages at the Event? _____ All servers are over 21 years of age and have over 10-15 years experience serving beer & wine at this event

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

_____ Bar Manager is Tip Certified _____

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age. Mark Ypsilantis, Age 52 (DOB 4/22/1965); Randy Fassas, Age 55 (DOB 6/27/1962); Nick Ypsilantis, Age 59; (DOB 3/30/1958); Evan Ypsilantis, Age 57 (DOB 11/12/1959); Alexander Orphanos Age 27 (DOB 1/13/1990); Greg Orphanos, Age 58 (DOB 10/13/1958); Chris Ketcios, Age 52 (DOB 11/14/1964); Christian Makredes, Age 45 (DOB 8/26/1972); Nicholas Kriketos, Age 37 (DOB 8/5/1980); Steve Wilson, Age 37 (DOB 1/12/1980); Dr. David Bowling, Age 58 (DOB 3/4/1959).

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) _____ AKG Distributors (Greek Beer & Wine) & _____ Anheuser Busch _____

Date of Delivery: _____ May 31, 2017 _____

Alcohol Serving Time (s): _____ 5-9pm Thurs 6/1; Fri-Sat 12-10pm 6/2 & 6/3; Sun 12-8pm 6/4 _____

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of? Any excess beer or wine will be returned to the wholesaler for a credit or disposal

Date of Pick-Up: _____ 6/6/2017 _____

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) _____ see attached insurance documents _____

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: _____ Dean Ioakimides _____ Constantinos Ioakimides

Printed title & Organization name: _____ President-Parish Council; St. Athanasius the Great Greek Orthodox Church

Email: _____ Dean@steveandsonsinc.com _____

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 2.0
provided by Health Communications, Inc.
is hereby granted to:

Mark Ypsilantis

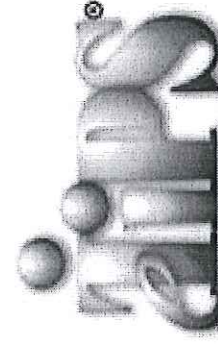
For coursework completed on May 31, 2015

Certification documents to be sent to:
39 Maynard St., Arlington, MA 02474-2317



HEALTH COMMUNICATIONS, INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2016PRODUCER (212) 406-4004
Compass Rose Services, Inc.80 Maiden Lane, Room 701
New York, NY 10038-INSURED
St. Athanasios The Great Greek Orthodox Church4 Appleton Street
Arlington, MA 02476-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great American Ins Co

16691

INSURER B: Fireman's Fund

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	PAC 0255589	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 10,000
	X	Liq Liab Agg \$3000000		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
				/ /	/ /	Liquor Liability 1,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
				/ /	/ /	
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
				/ /	/ /	AUTO ONLY: AGG \$
B		EXCESS / UMBRELLA LIABILITY	SSE-000-3218-1992	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 10,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$ 10,000,000
		DEDUCTIBLE		/ /	/ /	\$
	X	RETENTION \$ 10,000		/ /	/ /	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>		/ /	/ /	E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
				/ /	/ /	
				/ /	/ /	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Below Certificate holder, for the period May 30, 2016 through June 12, 2016 including set up and take down, with regard to the Greek Food Festival, being held on 6/2/16, 6/3/16, 6/4/16, and 6/5/16 is added as an additional insured.

CERTIFICATE HOLDER

() - () -
Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)
INS025 (200901)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Greek Festival 2017 - Security Plan

Event Dates: June 1, 2, 3 & 4

Thursday June 1, 5pm to 9pm

Friday June 2, 11am to 10pm

Saturday June 3, 11am to 10pm

Sunday June 4, 11am to 8pm

Saint Athanasius the Great Greek Orthodox Church also known as the Greek Orthodox Church of Arlington believes in providing a safe, secure and pleasant experience for all that attend our annual Greek Festival. Below is our detailed plan for this year's event.

Crowd control

Police officers will be present at all times during the event. Police details will follow the current staffing plan as in previous years.

Only one bar will be located in the main tent right after the main food line. A photo copied driver's license of all listed bar tenders and a photo copy of certification of those who are all T.I.P.S. certified will be made so that it can be presented to the board of selectmen. At least one T.I.P.S certified volunteer will be present at all times at the bar area.

Thursday – June 1 Hours of Operation from 5:00pm – 9:00pm

Festival will open with limited scope; only Gyro, Souvlaki, Wraps and Bar sections will be open.

We expect significantly lighter crowds during this night.

One officer posted at the main entrance to the tent 5:00pm – 9:00pm.

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

Friday – June 2 Hours of Operation from 11:00am – 10:00pm

One officer posted at the main entrance to the tent 12:00pm – 10:00pm.

One officer patrolling the tent from 3:00pm – 11:00pm

One officer patrolling the Acton Place side 1:00pm – 10:00pm

Additional detail - Rank of Sargent or higher during posted hours of operation (per A.P.D. policy 3 or more details require a shift commander)

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

Saturday - June 3 Hours of Operation from 11:00am – 10:00pm

One officer posted at the main entrance to the tent 12:00pm – 11:00pm.

One officer patrolling the tent from 12:00pm – 10:00pm

One officer patrolling the Acton Place side by the children's activity area from 1:00pm -10:00pm.

Additional detail - Rank of Sargent or higher during posted hours of operation (per A.P.D. policy 3 or more details require a shift commander)

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

Sunday - June 4 Hours of Operation 12:00pm – 8:00pm

One officer posted at the entrance to the tent 12:00pm – 8:00pm.

One officer patrolling the tent area in the vicinity of the bar area 12:00pm – 8:00pm.

No overnight coverage required.

Cash Handling will be handled by St. Athanasius the Great Parish Council Treasurers. Random times will be selected and all deposits will be coordinated with the Arlington Police Department to ensure the proper escort is provided. Further details can be given to the Arlington Police Department once they are on site.

Dealing with unruly patrons

Any patron of the St. Athanasius the Great Greek Festival will be spoken to by a authorized manager of the event with the presence of a Arlington Police officer. Once the situation is assessed and it is determined that the person or persons are no longer welcomed at the Greek festival they will be asked to leave St. Athanasius property.

Emergency evacuations

In the event of an emergency situation or natural disaster all patrons and volunteers will be instructed to seek safe shelter in the lower level of St. Athanasius the Great Church and the lower level of 10 Acton Street (St. Athanasius School building). All St. Athanasius volunteers will be instructed by the event manager along with the board of directors to direct all patrons to safe shelter points.

Traffic/parking considerations

A request is formally made to the Arlington Board of Selectmen each year to turn Appleton place into a one way starting on Friday, June 3, 2016 – Sunday June 5, 2016. The one way will go from Massachusetts avenue towards Quincy street. Signage is provided from the Arlington DPW for all streets leading to Appleton Place. These streets include but are not limited to: Burton Street, Fresenden, Acton, Quincy, Massachusetts Avenue and Appleton Place.

Parking along the side of the church on Appleton Place from Massachusetts Avenue to the first entrance of the church parking lot will be reserved for people with state issued handicap plates. St. Athanasius the Great will provide all handicap parking signs for the areas indicated above. The upper church parking lot and on street parking will be primarily used for this event. All abutters will receive advanced notices as in years past. Signage at the entrances to the tent will give all patrons advance notice to respect parking regulations in the neighborhood and the Town of Arlington.

Controlling access to alcohol by under aged persons.

A bar manager will be present at all times during the event. T.I.P.S. certified staff will be present at all times and will ensure proper polices and state laws are being adhered to. At any time St. Athanasius and its bar staff reserve the right to stop the sale of alcohol to any persons who do not have a state issued license or if the bar tender (using his training skills) does not feel comfortable serving a patron. All patrons looking to purchase alcohol will be asked to provide proper state issued identification. All alcohol will be secured and only bar managers will have authority to control inventory. Persons 21 or older will only be served alcohol per Massachusetts State Law. Only one bar will be located in the main tent right after the main food line. A photo copied driver's license of all listed bar tenders and a photo copy of certification of those who are all T.I.P.S. certified will be made so that it can be presented to the board of selectmen. At least one T.I.P.S certified volunteer will be present at all times at the bar area.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2016

PRODUCER (212) 406-4004
Compass Rose Services, Inc.

80 Maiden Lane, Room 701
New York NY 10038-

INSURED
St. Athanasios The Great Greek Orthodox Church

4 Appleton Street
Arlington, MA 02476-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great American Ins Co

16691

INSURER B: Firemans Fund Ins Co

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY	PAC 0255589	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$
			/ /	/ /	PERSONAL & ADV INJURY \$ 10,000
			/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
			/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	Liquor Liability 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	
	AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
	<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC AGG \$
B	EXCESS / UMBRELLA LIABILITY	SSE-000-3218-1992	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N	/ /	/ /	E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
	OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Below Certificate holder, for the period May 30, 2016 through June 12, 2016 with regard to the beer dispensing trailer, to be used during the Greek Food Festival being held on 6/2/16, 6/3/16, 6/4/16, and 6/5/16.

CERTIFICATE HOLDER

() - () -
August A. Busch & Co.
of MA Inc.
440 Riverside Avenue
Medford, MA 02155-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)

INS025 (200901)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2016

PRODUCER (212) 406-4004
Compass Rose Services, Inc.80 Maiden Lane, Room 701
New York, NY 10038-INSURED
St. Athanasios The Great Greek Orthodox Church4 Appleton Street
Arlington, MA 02476-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great American Ins Co

16691

INSURER B: FIREMAN'S FUND

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	PAC 0255589	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 10,000
	X	Liq Liab Agg \$3000000		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
				/ /	/ /	Liquor Liability 1,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
		ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
		HIRED AUTOS		/ /	/ /	
		NON-OWNED AUTOS		/ /	/ /	
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
		ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
				/ /	/ /	AUTO ONLY: AGG \$
B		EXCESS / UMBRELLA LIABILITY	SSE-000-3218-1992	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 10,000,000
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>		/ /	/ /	AGGREGATE \$ 10,000,000
		DEDUCTIBLE		/ /	/ /	\$
	X	RETENTION \$ 10,000		/ /	/ /	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>		/ /	/ /	E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Below Certificate holder, for the period May 30, 2016 through June 12, 2016 as respects use of their facility for Greek festival, being held on 6/2/16, 6/3/16, 6/4/16, 6/5/16, is added as an additional insured.

CERTIFICATE HOLDER

() - () -
The Ottoson Middle School
63 Acton Street
Arlington, MA 02476-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to provide 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)
INS025 (200901)

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Town of Arlington, Massachusetts

For Approval: Hackney/Taxi Business Operator's Permit Renewals

Summary:

Arlmont Taxi, Louis Truscello
Arlington Veteran's Taxi, Thomas Whelan, Jr.
Boston Airport Express, Shafan Nath
Boston Ride, Abdullahi Magan
Leo's Taxi Service, Leo McHugh
V.T.S. Taxi, Michael Antonellis

ATTACHMENTS:

Type	File Name	Description
□ Reference Material	Ref_Mat_5.15.17_Hackney_Renewal.pdf	Hackney renewals & report

2017 HACKNEY/TAXI BUSINESS OPERATOR'S PERMIT RENEWALS

2017 LICENSES - HACKNEY CARRIAGE & PUBLIC AUTOMOBILE					
NAME	COLOR	OWNER	#	ADDRESS	CAB #
*Dave's Auto/Ariex Yellow Cab renewal(2);4/22/13(2)=(4)	Yellow/blk. letters	David M. Lucker	471	Russell St. Woburn 01801	4 cabs
Arlington Veteran's Taxi 9/10/12 (1) & 1 renewal=(2)	Blue/white letters	Thomas Whelan	29	Fairmont St., Arlington 02474	2 cabs
Arlmont Transportation Co. (13)	Yellow or white/ red letters	Louis(Rick)Truscello	61R	White Street Belmont,MA 02478	13 cabs
Boston Airport Express 4/22/13 (1)	Gray/blue letters	Shafan Nath	402	Rindge St. 12H, Cambridge MA	1 cab
Boston Ride 1/7/13 (5)	White Silver/blue letter	Abdullahi Magan	18	Holten St. W. Medford 02155	5 cabs
Leo's Taxi renewal =(1)	Yellow/blk letter	Leo McHugh	10	Jackson Rd, Medford 02155	1 cab
*Limolex.com/The Good Taxi 9/10/12(1);1/7/13(2);4/22/13(1) = (4)	Gray/blk lettering	Daniel Kalantar	20	Sycamore Ave., Medford 02155	4 cabs
VTS 12/3/12 (2)	White/maroon let	Mike Antonellis	224	Calvery St. Waltham 02453	2 cabs
*Yellow Cab Ariex renewal (6)	Yellow/blk. letters With circle picture	Ronald Bönney, Jr	640	Boston Ave, Medford 02144	6 cabs

*: These companies are in process of submitting completed applications and will be on the 6/5/17 BoS Meeting.

HACKNEY RENEWAL INSPECTIONS

2016 Arlington WM						
Date Inspected	Name of Business	Address	Phone	Date Sealed	Taxi	Comments
12/22/16	Magan Trans, Arlington Green Cab	18 Holton St., Medford,	617-869-8019	12/22/2016	4	201,202,203,204,205,206
12/28/16	Arlington Yellow Cab Ron Bonnie	397 Main St, Medford, MA 02144	(781) 643-1200	12/28/2016	4	Cab #s 20,21,22,24,25
12/28/16	The Good Taxi	Dan	(617) 823-2161	12/28/2016	3	Cab1,3,4
12/21/16	Arlington Vet Taxi	29 Fairmont St	(781) 646-0088	12/21/2016	2	
12/28/16	VTS	224 Calvary St, Waltham	(781) 844-2007	12/28/2016	2	Harrison Trans 781-693-5923 901,902
12/22/16	Boston Airport Express	402 Rindge Ave, Camb Apt 1211	(781) 201-7886	12/22/2016	1	Cab # 4
12/28/16	Leo's Taxi	10 Jackson Rd., Medford, MA 02155	(617) 688-8246	12/28/2016	1	Cab # 37

Joseph P. Carabello
Health Compliance Officer
Sealer of Weights and Measures
Town of Arlington
27 Maple Street
Arlington, MA 02476
781-316-3170
Fax 781-316-3175

PLEASE NOTE:

- Arlex Yellow Cab/Dave Lucker and Arlmont Taxi/Louis Truscello are in process of scheduling for an inspection with Joe Carabello.
- Arlex Yellow Cab/Dave Lucker; Boston Airport Express/Shafan Nath; Limolex/Dan Kalantar; Yellow Cab Arlex/Ron Bonney are in process of submitting completed applications—6/5/17 BoS Meeting.



Town of Arlington, Massachusetts

For Approval: Wine & Malt License Revision

Summary:

Christopher Furlong & Anka Bric, 315 Broadway, Twyrl
(Approved 4/24/17)

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	Ref_Mat_5.15.17_Twyrl.pdf	Twyrl revised paperwork

LICENSE APPLICATION REPORT

Type of License: Wine & Malt Licenses

Name of Applicant: Twyrl - Christopher Furlong and Anka Bric/Co-Owners

Address: 315 Broadway

The following Departments have **no objections** to the issuance of said license:

- Police x
- Fire
- Health
- Building
- Planning

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police
- Fire x
- Health x
- Building x
- Planning x

The following Departments have **objections** to the issuance of said license:
(see attached)

- Police
- Fire
- Health
- Building
- Planning

ABCC Remarks:

From: Boston Globe <support@globe.com>
To: msullivan@town.arlington.ma.us
Date: 05/03/2017 04:10 PM
Subject: Thank you for placing your order with us.

THANK YOU for your submission!

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

Job Details

Order Number: **W0050803**
 Business Type: **Legal Notice - Public Hearing**
 Ad Size: **Legal Notices**
 Ad Cost: **\$156.40**

Account Details

Mary Ann Sullivan
 730 Massachusetts Avenue
 Arlington, MA 02476
 781-316-3024
 msullivan@town.arlington.ma.us
 Selectmen's Office-Town of Arlington

Schedule for Ad number W00508030

Fri May 5, 2017
Boston Globe Legal
Notices
Scheduling Notes:
 5/5/17 edition please

Legal Notice
Public Hearing
Licence Notification
 In accordance with Chapter 131 of the Massachusetts General Laws and the regulations of the Arlington Board of Selectmen there will be a public hearing on the petition of the ShockWave LLC, d/b/a Twyn, Christopher E. Purkay and Arka, B.C. Co-owners located at 315 Broadway, Arlington, MA 02474, for a license to serve Wine & Mail Beverages in accordance with the regulations of the Arlington Board of Selectmen. This hearing will take place on Monday May 15, 2017 at 7:15 p.m. in the Selectmen's Chambers, Second Floor, Town Hall, 730 Massachusetts Avenue, Arlington, MA.
 Board of Selectmen
 Joseph A. Curro, Jr.
 Steven M. Byrne
 Kevin E. Bradley
 Diane M. Mahon
 Daniel J. Dunn
 Boston Globe edition 5/5/17

Attachments:

File: [ATT00003.html](#) (Shown Inline) Size: 12k Content Type: text/html

Legal Notice
Public Hearing
Licence Notification
 In accordance with Chapter 131 of the Massachusetts General Laws and the regulations of the Arlington Board of Selectmen there will be a public hearing on the petition of the ShockWave LLC, d/b/a Twyn, Christopher E. Purkay and Arka, B.C. Co-owners located at 315 Broadway, Arlington, MA 02474, for a license to serve Wine & Mail Beverages in accordance with the regulations of the Arlington Board of Selectmen. This hearing will take place on Monday May 15, 2017 at 7:15 p.m. in the Selectmen's Chambers, Second Floor, Town Hall, 730 Massachusetts Avenue, Arlington, MA.
 Board of Selectmen
 Joseph A. Curro, Jr.
 Steven M. Byrne
 Kevin E. Bradley
 Diane M. Mahon
 Daniel J. Dunn
 Boston Globe edition 5/5/17

File: [ATT00004.jpg](#) (Shown Inline) Size: 13k Content Type: image/jpeg

37-51 MEDFORD ST 45.0-3-1.0
ROMAN CATHOLIC ARCH OF BOS
24 MEDFORD STREET
ARLINGTON, MA 02474

12 ALTON ST 45.0-5-6.0
JONES JEFFREY W
12 ALTON ST
ARLINGTON, MA 02474

7-13 MEDFORD ST 45.0-5-10.0
BRANTWOOD HOLDINGS, LLC
5008 PINETREE CRES.
WEST VANCOUVER BC V7N3A3
CANADA, 00 00000

32 MEDFORD ST 45.0-4-1.0
ROMAN CATHOLIC ARCH OF BOS
24 MEDFORD ST
ARLINGTON, MA 02474

301-309 BROADWAY 45.0-5-7.0
FAMOLARE GEORGE R-SUSAN P
159 MYSTIC STREET
SUITE 1
ARLINGTON, MA 02474

23-27 MEDFORD ST 45.0-5-13.0
ROMAN CATHOLIC ARCH OF BOS
24 MEDFORD ST
ARLINGTON, MA 02474

16 MEDFORD ST 45.0-4-3.0
ROMAN CATHOLIC ARCH OF BOS
24 MEDFORD ST
ARLINGTON, MA 02474

311-321 BROADWAY 45.0-5-8.0
TRITON-ARLINGTON LLC
C/O TRITON REALTY TRUST
397 MAIN ST
SUITE 1
WOBURN, MA 01801

2 BELTON ST 45.0-5-5.0
BIALACH STANLEY
C/O WALTER CHOROSZEJ
41 CORNELL ST
ARLINGTON, MA 02474

323-329 BROADWAY 45.0-5-9.0
MAZMANIAN GEORGE TRS--ETAL
MAZMANIAN CHARLOTTE
4 MIAMI AVE
ATT: GREGORY MAZMANIAN
PALMOUTH, MA 02540

I hereby certify that this list
has been prepared in accordance with
Chapter 40A, Sec 11 of MGL.

Kenneth C. Feely

Robert C. Leary

[Signature]

May 4, 2017
Date



Town of Arlington, Massachusetts

For Approval: Sidewalk Cafe Permit Renewal

Summary:

ZA Restaurant, 138 Mass. Ave., Jeff Broadman

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Ref_Mat_5.15.17_Sidewalk_Cafe_ZA.pdf	inspection reports

INSPECTIONS SUMMARY REPORT-2017 ANNUAL RENEWALS

Za Restaurant

The following Departments have **no objections** to the issuance of said license:

- Building X
- BOH X
- Planning X
- ADA X

The following Departments have **objections** to the issuance of said license:
(see attached comments)

- Building
- BOH
- Planning
- ADA



Town of Arlington
Department of Health and Human Services
Office of the Board of Health

27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Selectmen
From: Natasha Waden, Health Compliance Officer
Date: May 11, 2017
RE: Board of Health Comments for Selectmen's Meeting on May 15, 2017:

Please accept the following as comments from the Office of the Board of Health:

**Za
Sidewalk Café Permit**

- The applicant must ensure that smoking and the use of e-cigarettes is prohibited in the outdoor seating area by conspicuously posting a notice or sign which states "No Smoking" or thereby using a sign with the international "No Smoking" symbol in the outdoor area.
- The owner or designated Person in Charge is responsible for maintaining the outdoor seating area Smoke Free.
- Any person in charge of a public place or workplace who fails to comply with the regulations is subject to a fine of (a) \$100 for the first violation, (b) \$200 for a second violation occurring within two years of the date of the first offense; and (c) \$300 for a third or subsequent violation occurring within two years of the second violation. Each calendar day on which a violation occurs shall be considered a separate offense.
- The Establishment is responsible for maintaining the outdoor seating in a clean and sanitary manner, free from garbage and trash or other refuse that would constitute a public health nuisance.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: _____

From: "Ken McConnell" <KMcConnell@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 05/04/2017 09:12 AM
Subject: Za Sidewalk Cafe Permit

Hello, We have no issues with this request, ken

Attachments:

File: [ATT00002.txt](#) Size: 0k Content Type: text/plain
File: [ATT00003.html](#) (Shown Inline) Size: 0k Content Type: text/html

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____ Date: _____

**BOARD OF SELECTMEN
RENEWAL—INSPECTION REPORT**

REPORT IS REQUIRED FROM EACH DEPARTMENT BY MAY 10, 2017.

Location: 138 Massachusetts Avenue
Applicant's Name: Jeff Broadman
D/B/A: Za Restaurant
Telephone: 617 756-6041
Department: Sent Interoffice Mail & E-mail

Date: 5/08/2017

Meeting Date: May 15, 2017

Departments:

Re: OUTDOOR FURNITURE LICENSE

Board of Health

Building

Planning—Ali Carter, Economic Development Coordinator

ADA Compliance

Comments by each Division or Department:

The Applicant is requesting to renew a permit for an outdoor seating area spanning 240 square feet (30 feet long and 8 feet wide) containing five (5) tables and twenty (20) seats against its frontage. A travel corridor measuring seventy-eight inches (6 feet, 6 inches) will be provided between the edge of the proposed seating area and the sidewalk curb; this complies with the Town's requirement that all users, including people with disabilities, be able to safely traverse public rights of way with outdoor seating. The applicant will border the proposed seating areas with stanchion posts and ropes. The applicant proposes to use metal mesh tables with plastic resin chairs. The applicant demonstrates acceptable coverage of \$1,000,000 in general liability insurance. The Department of Planning and Community Development has no objection to the issuance of an Outdoor Furniture license as long as the applicant assures the Board that the proposed chairs will be heavy enough or secured with a rope, chain or other method to keep them from the sidewalk travel corridor.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____ Date: _____

COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431



MEMP TO: Board of Selectmen
Adam Chadelaine, Town Manager

FROM: Jack Jones, Director of Housing & Disability Programs

DATE: May 9, 2017

RE: Outside Furniture Permit

A handwritten signature in black ink, appearing to be 'J. Jones'.

It appears from the attached diagram and a completed survey of the sidewalk in front of **Za Restaurant, 138 Mass. Ave.** that all conditions pertaining to accessibility of sidewalk dining are in compliance with ADA Architectural Guidelines and Massachusetts Architectural Access Board regulations.

In order to be in compliance with regards to sidewalk dining the absolute minimum clear path of travel along the sidewalk must be at least 36" excluding curb stones and at least 36" between tables according to the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines. The Arlington Commission on Disability has a preference for a 48" clear path of travel. Possible obstructions on the sidewalk that could affect compliance after permitting that will need to be watched are location of tables, chairs, other furniture, trees, trash receptacles, fire hydrants, planters, sandwich boards, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to restaurants providing training for all their restaurant staff to ensure that accessibility is maintained after the permitting process.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____ Date: _____



Town of Arlington, Massachusetts

For Approval: Change of Manager-All Alcohol License

Summary:

Lauren Dexter, 645 Massachusetts Avenue, Not Your Average Joe's

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Ref_Mat_5.15.17_NYAJs.pdf	application



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

AMENDEMENT APPLICATION FOR A CHANGE OF MANAGER

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact)

Not Your Average Joe's

ABCC License Number

003000025

City/Town of Licensee

Arlington

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Christine

Middle: M

Last Name: MacDonald

Title: Employee

Primary Phone: 774.213.2949

Email: cmacdonald@nyajoes.com

3. BUSINESS CONTACT

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name: Not Your Average Joe's

Primary Phone: 774.213.2949

Fax Number: 774.213.2899

Alternative Phone:

Email: cmacdonald@nyajoes.com

Business Address (Corporate Headquarters)

Street Number: 2

Street Name: Granite Avenue Suite 300

City/Town: Milton

State: MA

Zip Code: 02186

Country:

Mailing Address

☒ Check here if your Mailing Address is the same as your Business Address

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

4. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation First Name Middle Name Last Name Suffix

Social Security Number

Date of Birth

Primary Phone:

Email:

Mobile Phone:

Place of Employment

Alternative Phone:

Fax Number

Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen? ☒ Yes ☐ No

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, attach an affidavit that lists your convictions with an explanation for each

Have you ever been Manager of Record of a license to sell alcoholic beverages? ☐ Yes ☒ No

If yes, please list the licenses for which you are the current or proposed manager:

Do you have direct, indirect, or financial interest in this license? ☐ Yes ☒ No

If yes, percentage of interest

If yes, please indicate type of Interest (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Stockholder | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> LLC Member | <input type="checkbox"/> Director |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Contractual | <input type="checkbox"/> Revenue Sharing |
| <input type="checkbox"/> Management Agreement | <input type="checkbox"/> Other |

Please indicate how many hours per week you intend to be on the licensed premises

Employment Information of Proposed Manager

Please provide your employment history for the past 10 years

Date(s)	Position	Employer	Address	Phone
2005 - Present	server - mgr	Not Your Average Joe's	2 Granite Ave. Milton, MA 02186	774.213.2949

Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
n/a				

APPLICANT'S STATEMENT

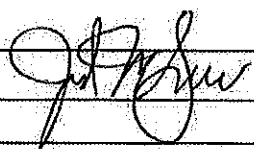
I, Joseph McGuire the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member
Authorized Signatory

of Not Your Average Joe's, hereby submit this application for Change of Manager
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature: 

Date: 8/24/2016

Title: CFO



Town of Arlington, Massachusetts

For Approval: 4th Annual Celebrate! 5K Fun Run/Walk, June 10, 2017

Summary:

Arlington High School Girls' and Boys' Cross Country Teams

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Cross_Country_5K.pdf	Letter of Request



ARLINGTON HIGH SCHOOL

869 Massachusetts Avenue
Arlington, MA 02476-4701

(781) 316-3590
Fax (781) 316-3504

May 1st, 2017

Board of Selectmen
Town Hall
730 Massachusetts Avenue
Arlington, MA 02476

Dear Mr. Byrne, Mr. Curro, Mr. Dunn, Mr. Greeley, & Ms. Mahon,

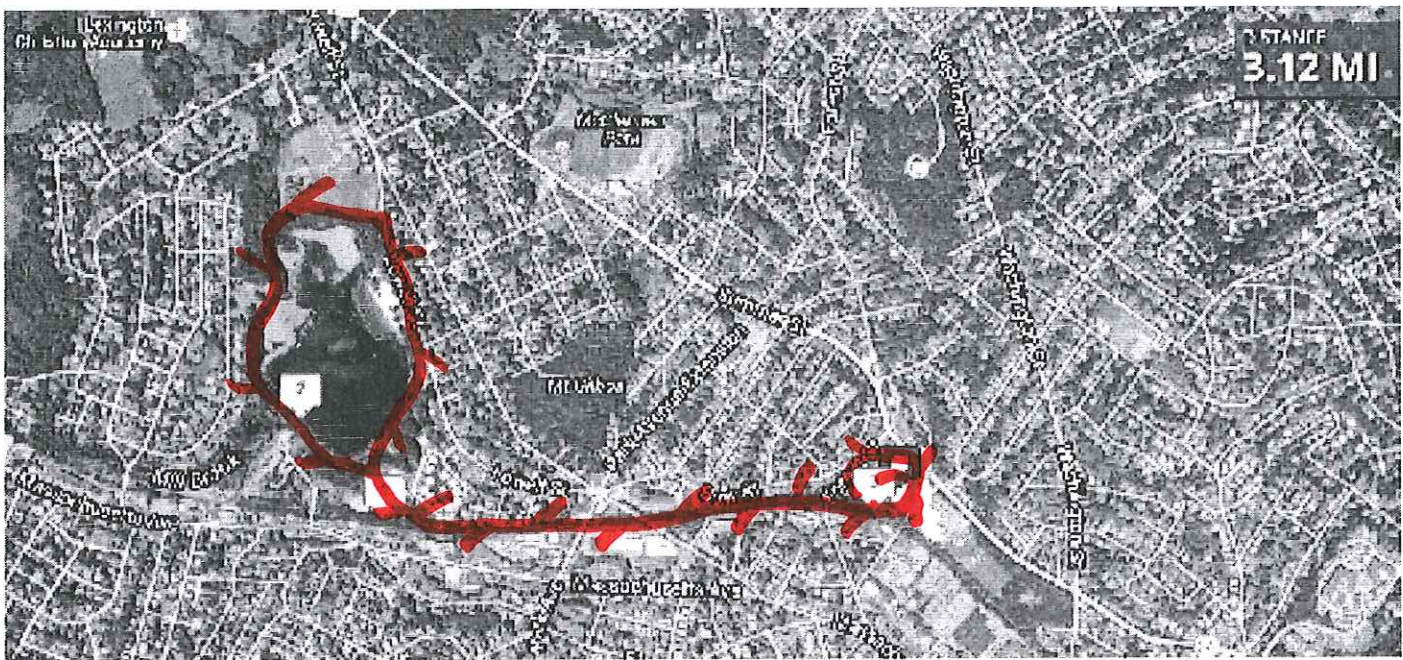
The Arlington High School Girls' and Boys' Cross Country Teams are planning to host the 4th annual "Celebrate! 5k Fun Run/Walk" on Saturday, June 10th, 2017. This year's race will once again be 3.12 miles (5k), and repeats last year's successful course: beginning and ending at the Ed Burns Memorial Rink, accessing the Minuteman Commuter Bike Path, and completing one lap around the Arlington Reservoir before returning to Summer Street Park. The course itself does not cross any roads or sidewalks other than the Bike Path, which will be monitored by multiple volunteers. The race is being held in memory of Ms. Catherine Malatesta and in support of members of the AHS community who are currently battling cancer. As always, 50% of the proceeds will go directly towards basic, innovative cancer research at the Dana-Farber Cancer Institute in Boston, with the Boys' and Girls' XC teams sharing the remaining proceeds evenly.

I have enclosed a handful of complimentary applications, with a route description. We have obtained a permit from the Recreation Department regarding the locations for this date, and I have also sent this letter to the Arlington Fire Department, The Arlington Police Department (both Chief Ryan and Officer Corey Rateau), and the Town Manager. Please do not hesitate to contact should you have any questions or concerns.

Thank you for your support of our race, our teams, and Dana-Farber!

Sincerely,


Justin T. Bourassa
Assistant Boys' Cross Country Coach
Assistant Boys' Indoor/Outdoor Track Coach (Distance)
Celebrate! 5k Race Director
jbouassa@arlington.k12.ma.us
mobile: 781-561-6762



2017 Celebrate! 5k Course Map/Description (from our website): www.celebrate5kfunrun.weebly.com

The Celebrate! 5k/Fun Run is an out and back course along the bike path to the Town of Arlington Reservoir. After beginning at the Summer Street Field (422 Summer St., next to the Ed Burns Hockey Rink), runners will race towards the Reservoir, pass Hurd Field on the right and make one loop (counter-clockwise) around the Res which will lead back to Hurd Field, down the bike path, with the Finishing Chute landing runners on the Summer Street Field. The loop of the Reservoir starts by heading toward Lowell Street, through the parking area, and turning right for a brief section to be run on the sidewalk towards Lexington. There is a sharp left-hand turn down into the wooded path that circumnavigates the Reservoir. Upon reaching the clearing on the back side of the Reservoir, there is a sharp right turn towards South Rindge Avenue, and then a sharp left turn back towards the reservoir and the path, which will be followed back towards Hurd Field. The Reservoir loop is in the opposite direction from, but similar to the 3-mile Home Course of the Arlington High School Cross Country Team, so you can "Run Like They Do" *where they do*.

RESERVOIR LOOP NOTES: This section of the race is primarily a trail course. While one section of the Reservoir loop does run on the sidewalk on Lowell Street heading towards Lexington, a majority of the loop is run on natural terrain, and may include unstable/uneven ground, and obstacles large and small, including, but not limited to the following:

- a set of large rocks dividing the path between the first bridge and the parking lot area
- a sharp left-hand turn/downhill dive into the woods near the Arlington/Lexington town line.
- narrow passing lanes through the wooded/back half of the looped course
- loose woodchips and soil, tree roots, and unstable/uneven terrain
- a dip/valley in the park between the Reservoir and S. Rindge Ave (this will be marked with signs)

All major turns will be marked with signage and marshaled by race volunteers.

B.O.S. COMP #1

THE 4th ANNUAL CELEBRATE! 5K/FUN RUN/WALK REGISTRATION FORM

SAT. JUNE 10, 2017 9:00A.M. START - TOWN OF ARLINGTON REC DEPT (SUMMER ST.)

WWW.CELEBRATE5KFUNRUN.WEBLY.COM

CELEBRATE!

The Celebrate 5k/Fun Run is a fundraiser and charity trail race and fun run/walk on the bike path and around the Town of Arlington Reservoir path. It's a great chance to celebrate accomplishments and stories from the school year, a great chance to celebrate health and fitness, and a great chance to celebrate both the memories of those who've lost their battle against cancer and the legacies of those who have fought or are still fighting. **Proceeds from the event will be split between the AHS Cross Country Teams (50%) and the Dana-Farber Marathon Challenge (50%) supporting basic, innovative cancer research at the Dana-Farber Cancer Institute.** It's going to be a great day for a great cause, so come out and celebrate with us!

LOCATION

The Celebrate! 5k/Fun Run will be held at the Town of Arlington Rec Department on Summer Street. Parking is **EXTREMELY LIMITED**, so please do not plan to park in rink parking lot.

First Name: _____	Last Name: _____	
Gender (for award purposes): M / F	Date of Birth: ____ / ____ / ____	Age on Race Day: _____
Street Address: _____	Town: _____	State: _____
Phone: (____) ____ - ____	email: _____	
Emergency Contact: _____	Emergency Contact Phone: (____) ____ - ____	
Would you like to make an <u>additional</u> donation to the Dana-Farber Marathon Challenge? Y / N Amount: \$ _____		

~~RACE REGISTRATION FEE UNTIL THURSDAY, JUNE 8, 2017: \$20.00 / AFTER JUNE 8, 2016: \$25.00~~

~~Payment Method: _____ Cash _____ Check (payable to "AHS GENERAL FUND" with a "Boys/Girls XC" memo)~~

Please select a t-shirt size*: Small Medium Large X-Large
*T-SHIRTS GUARANTEED TO FIRST 50 REGISTERED PARTICIPANTS. SUPPLIES AFTER WILL BE LIMITED.

WAIVER AND RELEASE

Please enter me in the 4th Annual Celebrate! 5k/Fun Run. I understand that this is NOT only a road course, and is made up of trails, with narrow passages, uneven and unstable terrain, sharp turns, drops, and climbs, and obstacles (rocks, branches, etc.). I agree to assume ALL responsibility for ALL risk of damage or injury to me as a participant in this event. In consideration of being accepted as an entrant, I hereby, for myself, my heirs, executors and administrators, release and discharge any individuals, entities, and organizations associated with the race from claims, damages, rights of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of, or in incident to, my participation in this event. I hereby certify that I will not participate in the Celebrate! 5k/Fun Run unless I am physically fit and sufficiently trained for competition in the race. I also grant permission for the use of my name and or picture in any broadcast, photograph or other account of this race. I understand that bicycles, skateboards, baby joggers, or strollers, roller skates, or blades, animals, and radio headsets/headphones are **NOT PERMITTED** in the race and I abide by this guideline, under penalty of disqualification of official time.

By signing here, I verify that I have read and agree to the Waiver and Release form (Parent/Guardian if under 18)

Signature: _____

Date: ____ / ____ / ____

After the race, there will be a brief awards presentation. There will be an opportunity drawing at the event for prizes, including gift baskets, gift certificates, and tickets to see the Boston Red Sox. Any additional donations are welcome, and all additional proceeds will benefit the Dana-Farber Marathon Challenge.

Thank you for your interest and support!



Town of Arlington, Massachusetts

Request: Change of Date, AHS Ice Cream Fundraiser for Dana-Farber Cancer Institute, from May 20 to May 27, Jefferson Cutter House Lawn

Summary:

Tarangana Thapa, Patrick O'Toole, Jeremiah Jacob Dolan
The AHS Scoops Club

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	AHS_Scooper_Bowl.pdf	Letter of Request



ARLINGTON HIGH SCHOOL

869 Massachusetts Avenue
Arlington, MA 02476-4701

(781) 316-3590
Fax (781) 316-3504

To,
The Arlington Selectmen,
730 Massachusetts Ave,
Arlington, MA-02476

SUB: Request for permission to use 611 Mass. Ave.,
on May 27th, from 10:00-6:00, as a venue for a fundraiser

Dear Selectmen,

Last year, on May 21st, 2016, a group of proactive students at Arlington High School committed to raising money with the Jimmy Fund for cancer research, put on a town-wide ice cream fundraiser. The event, inspired by Boston's own Scooper Bowl, consisted of a day-long ice cream festival in the Jefferson Cutter House lawn during which we scooped our hearts out to raise money for research and care at the Dana-Farber Cancer Institute (DFCI) in Boston. The majority of our donation to DFCI came from the \$5 entry fee to the all-you-can-eat event. Our goal was to inspire community support for the cause and to raise money for DFCI, especially since several members of our community are currently battling cancer. We raised \$4,000 for the Jimmy Fund.

This year, we are hoping to put on the same fundraiser, so we can continue uniting Arlington in the fight against cancer. We request that you allow us a permit to use the Jefferson Cutter House lawn from 10:00AM - 6:00PM on May 27th as the venue for our event, as the lawn is ideal due to its easy visibility and through traffic. We thank you greatly for your support and consideration!

Most Sincerely,

The AHS Scoops Club

Tarangana Thapa

tthapa2017@spyponders.com

Patrick O'Toole

po'toole2017@spyponders.com

Jeremiah Jacob Dolan

jjacob-dolan2017@spyponders.com



Town of Arlington, Massachusetts

For Approval: KENO To Go Monitor

Summary:

Broadway Market, 94-96 Broadway

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Broadway_Market_monitor.pdf	Request from Mass. State Lottery Commission



Massachusetts State Lottery Commission

DEBORAH B. GOLDBERG
Treasurer and Receiver General

RECEIVED
SELECTING OFFICE
ARLINGTON, MA 02476

MICHAEL R. SWEENEY
Executive Director

2017 MAY 11 AM 10:41

May 8, 2017

Arlington Board of Selectmen
730 Mass Avenue
Arlington, MA 02476

Dear Sir/Madam:

The Massachusetts State Lottery is offering a KENO monitor to existing KENO To Go agents to display the game at their location. In accordance with M.G.L. c 10, section 27A, as amended, you are hereby notified of the Lottery's intent to install a monitor at the following KENO To Go agent(s) in your community:

Broadway Market
94-96 Broadway
Arlington, MA 02476

If you object to these agent(s) receiving a monitor, you must do so, in writing, within twenty-one (21) days of receipt of this letter. Please address your written objection to Carol-Ann Fraser, General Counsel, Legal Department, Massachusetts State Lottery Commission, 60 Columbian Street, Braintree, MA 02184. Should you have any questions regarding this program or any other issues relative to the Lottery, please call me at 781-849-5555. I look forward to working with you as the Lottery continues its' efforts to support the 351 cities and towns of the Commonwealth.

Sincerely,

Michael R. Sweeney
Executive Director

Certified Mail – Return Receipt Requested:
7001 2510 0004 1228 8625



Supporting the 351 Cities and Towns of Massachusetts



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 5/27/17 @ Robbins Memorial Town Hall for a Private Event

Summary:

Whitney DeVito/John Bowler

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	DeVito_Bowler_special_app.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Whitney DeVito and John Bowler

Address, phone & e-mail contact information:

25 Central St., Arlington Ma. 02476 617-943-0202 whitney.devito@gmail.com

Name & address of Organization for which license is sought:

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☐ No

Name of Responsible Manager of Organization (if different from above):

Michelle Noska, Beaujolais Catering

Address, phone & e-mail contact information:

207 Broadway Arlington, Ma 781-646-5408 michelle@beaujolaiscatering.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ NO ☐ If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

one time event

24-Hour contact number for Responsible Manager on Event date:

617-519-6081

Title of Event:

wedding

Date/time of Event:

Saturday, May 27, 2017, 1:00 pm - 12 midnight

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 240

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic):

N/A

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Bartenders will check for ID's

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey F. Kottman

Date 5-11-17

Off. Corey F. Kottman
Printed name/title

POLICE COMMENTS:

Request at least one detail.

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine

What types of food and non-alcoholic beverages do you plan to serve at the Event?

full dinner menu waters/sodas

Who will be responsible for serving alcoholic beverages at the Event?

Beaujolais Catering

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS CERTIFICATION

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc:

Adonna Imports LLC, Waltham Ma

Date of Delivery: Sat. 5/27/2017

Alcohol Serving Time (s) 4:30 - 10:30

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

The family plans to keep the excess alcohol

Date of Pick-Up:

N/A

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

ATTACHED

Please submit this completed form and filing fee to the Board of Selectmen

**at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.**

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Whitney Devito, John Bowler

Printed title & Organization name: _____

Email: whitney.devito@gmail.com

revised: 5/18/2015 reformatted: 05/05/2017



ROBBINS MEMORIAL TOWN HALL AUDITORIUM
730 Massachusetts Avenue, Arlington, Ma. 02476

7 May 2017

SECURITY PLAN FOR DEVITO/BOWLER WEDDING

A wedding for Whitney DeVito and John Bowler will be held on Saturday, May 27, , 2017, in the auditorium at Arlington Town Hall. The event is scheduled for 3:30 pm to 11:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 250 guests to attend. We anticipate some attendees will be under age. Therefore the bartending service will ID attendees.

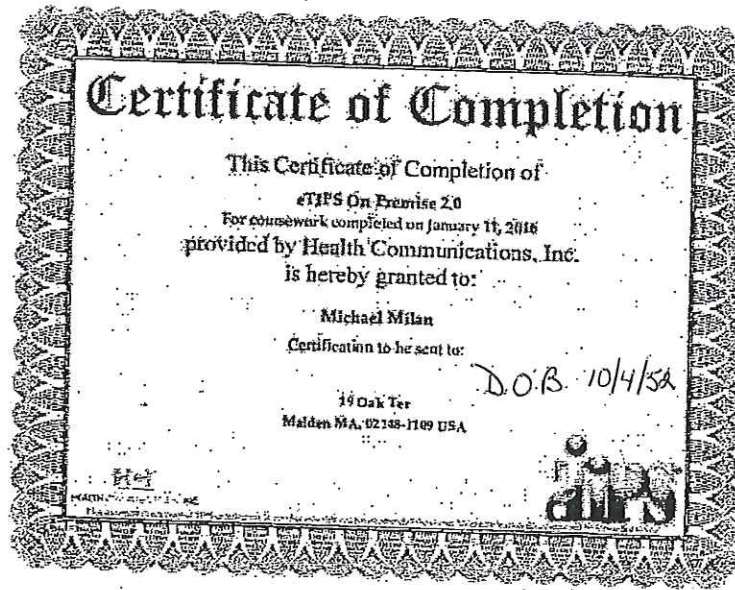
Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Beaujolais Catering will be catering the event and will provide the bartending service and the TIPS certified bartending staff. The DeVito and Bowler families are responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.

Do not click Back-Space to leave this window



This is your Official TIPS® Certification Card.

Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

Congratulations!

By successfully completing the TIPS (Training for Intervention Procedures) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or if you can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,



Chaffetz

ACI

IMPORTANT: Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS, Inc. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

TIPS® eTIPS On Premise 2.0

SSN: XXX-XX-XXXX

6/6/2018

Expires: XXXXX-XXXX

D.O.B.: 5/27/68

Issued: 4003613

ID#

Aldafico G de Oliveira
364 Reservoir ave
Revere, MA 02151

For service visit us online at www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148		CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Michele Noska DBA; Beaujolais Catering 207 A Broadway Arlington MA 02474		INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24082	

COVERAGES

CERTIFICATE NUMBER: CL1741225218

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BKS56554619	4/9/2017	4/9/2018	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 15,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Expense Mod Factor 1 \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY			BKS56554619	4/9/2017	4/9/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder name as additional insured

CERTIFICATE HOLDER**CANCELLATION**

Town Of Arlington 730 Mass Avenue Arlington, MA 02474	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE J S Scholnick/MPB 

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Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 5/27/17 @ Whittemore Robbins House for a Private Event

Summary:

Monica Connarton

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Connarton_Special_app.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Monica Connorton

Address, phone & e-mail contact information: 36 Temple St. #4 Boston, MA
617-921-8526 ; monica.connorton@gmail.com

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ____ Yes ☒ No

Name of Responsible Manager of Organization (if different from above):

Bobby Spano

Address, phone & e-mail contact information: rspano@julescatering.com
781-588-0316 ; 66 South St. Somerville, MA 02143

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? NO If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location? NO

24-Hour contact number for Responsible Manager of Alcohol Event date: 781-588-0316

Title of Event: Wedding Reception

Date/time of Event: May 27, 2017 / 1pm - 9pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mail

Number of people expected to attend: 100

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? yes 6 ages 2 yrs - 13 yrs.

If "yes," please detail plan to prevent access of minors to alcoholic beverages. Bartender will follow TIPS certification practices.

Have you consulted with the Department of Police Services about your security plan for the Event?
yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rataeau

Date 5-8-17

Off. Corey P. Rataeau

Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer + wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? Cheese + Fruit + Crackers; Spring Rolls; Green Salad; Salmon Filet; Chicken Pilaf; rice pilaf, rolls; cupcakes, coffee, tea water

Who will be responsible for serving alcoholic beverages at the Event? Ben Graciani a bartender with Tales catering

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS certification

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Ben Graciani DOB - 4/19/74

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Kappy's Importing & Distributing Co. Inc. Everett, MA

Date of Delivery: 5/27/17
Alcohol Serving Time (s): 3:30pm - 8:00pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
opened will be placed in trunk of clients car and ~~unopened~~ unopened picked up by Kappy's

Date of Pick-Up: 5/30/17

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) TIPS certification and Liability Insurance

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: Monica Connerton

Printed name: Monica Connerton

Printed title & Organization name: Wedding Reception

Email: monica.connerton@gmail.com

Monica Connarton
36 Temple Street #4 Boston, MA
617.921.8526

May 3, 2017

SECURITY PLAN for Wedding at the Whittemore Robbins House on May 27, 2017

This event is a Wedding Reception.

The event is scheduled for Saturday, May 27, 2017 from 3:30pm-8:30pm at the Whittemore Robbins House. The alcohol service will end 30 minutes before the end of the event.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 100 guests with 6 children under the age of 21. The menu includes appetizers, dinner and dessert and beverage service for beer, wine, water, juice and soda.

Jules Catering will provide the bartending staff. The bartender is T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartender. Bar service will begin at 3:30pm and end at 8:00pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Bobby Spano will be the responsible manager for this event. Jules Catering's manager, staff and bartender will handle food and beverage service. All will be responsible for ensuring that the event runs smoothly.

Please advise if there are other items that we need to consider.



On Premise

Issued:

7/14/2016

ID#:

4303637

SSN:

XX-XX-XXXX

Expires:

4/30/2019

D.O.B.:

XX/XX/XXXX

BEN GRACIANI

211 Middlesex Tpke

Burlington, MA 01803-3308

For service visit us online at www.gettips.com

Kate Webber, 49761

DOB - 4/19/74



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Roblin Insurance Agency 144 Gould Street Suite 100 Needham, MA 02494	CONTACT NAME:		
	PHONE (A/C, No, Ext): (781) 455-0700	FAX (A/C, No): (781) 449-8976	
	E-MAIL ADDRESS: certificates@roblininsurance.com		
INSURED Jules Catering, Inc. Ms. Annie Flavin 66 South Street Somerville, MA 02143	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Liberty Mutual Insurance Company		23043
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CBP1624215	09/30/2016	09/30/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Comprehensive			BA1624209	09/30/2016	09/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductibles \$ 500
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8726208	09/30/2016	09/30/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC1624211	09/30/2016	09/30/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: 5/27/17

The Town of Arlington is an Additional Insured with respect to General Liability and Liquor Liability

CERTIFICATE HOLDER

Whittmore-Robbins House 670R Massachusetts Avenue Arlington, MA 02174	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Peter Roblin</i>
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Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 5/28/17 @ Robbins Memorial Town Hall for a Private Event

Summary:

Greg and Heidi Turner

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Turner_Special_application.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Greg & Heidi Turner

Address, phone & e-mail contact information:

92-1021 Non St #103, Lapore, Hawaii

Name & address of Organization for which license is sought:

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☐ No

Name of Responsible Manager of Organization (if different from above):

Donna Stein, Baker's Best Catering

Address, phone & e-mail contact information:

781-465-2104 dstein@bakersbestcatering.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

one time event

24-Hour contact number for Responsible Manager of Alcohol Event date:

Haley Rauffenbart - event coordinator, Baker's Best - 781-465-2118

Title of Event:

renewal of vows for wedding

Date/time of Event: Sunday, May 28, 2017

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend:

100

Expected admission/ticket prices:

N/A

Expected prices for food and beverages (alcoholic and non-alcoholic):

N/A

Will persons under age 21 be on premises?

no

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rateau Date 5-9-17
Off. Corey P. Rateau
Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/win

What types of food and non-alcoholic beverages do you plan to serve at the Event?

full dinner - appetizers - sodas- tonics

Who will be responsible for serving alcoholic beverages at the Event?

Baker's Best bartenders

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

Tips Certification

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc)

Atlas Liquors, Medford

Date of Delivery: Sun, 5/28/17

Alcohol Serving Time (s): 6:00 pm - 10:00 pm -

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Atlas Liquors pick-up

Date of Pick-Up: Tuesday, May 30, 2017

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

attached

Please submit this completed form and filing fee to the Board of Selectmen

at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Greg/Heidi Turner

Printed title & Organization name: _____

Email: heidi.hansberry@gmail.com



ROBBINS MEMORIAL TOWN HALL AUDITORIUM
730 Massachusetts Avenue, Arlington, Ma. 02476

5 May 2017

SECURITY PLAN FOR TURNER RENEWAL OF VOWS WEDDING

A renewal of vows wedding for Greg and Heigi Turner will be held on Sunday, May 28, 2017 , at Arlington Town Hall. The event is scheduled for 5:30 pm to 11:30 pm.

An Alcohol Permit Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 100 guests to attend. We anticipate no attendees will be under age.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Bakers Best Catering will be catering the event and will provide the bartending service and will provide the TIPS certified bartending staff. The Turner family is responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.

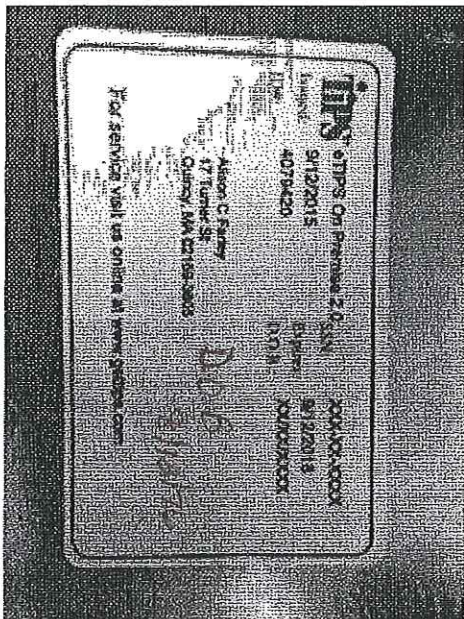


Figure 1. The timeline of the study. The timeline shows the sequence of events from the start of the study to the end of the study. The timeline is divided into three main phases: Pre-intervention, Intervention, and Post-intervention. The Pre-intervention phase includes the baseline assessment and the recruitment of participants. The Intervention phase includes the implementation of the intervention and the collection of data. The Post-intervention phase includes the follow-up assessment and the analysis of the data.

tips

eTIPS On Premise 3.0

Issued: 3/24/2017

ID#: 4486100

CERTIFIED

Expires: 3/24/2020

Laurie Ann Phillips-Cox
Bakers Best Catering
7 Eleanor Rd.
Raynham, MA 02767-1205

For service visit us online at www.gettips.com

D.O.B. 5/7/68



eTIPS On Premise 2.0 SSN:

XXX-XX-XXXX

Issued:

4/13/2016

Expires:

4/13/2019

ID#:

4229563

D.O.B.:

XX/XX/XXXX

10/1/85

Mark Conway

64 Glendale Rd

Needham, MA 02492-1321

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Twinbrook Insurance Brokerage 400A Franklin Street Braintree, MA 02184	CONTACT NAME: Courtney Wolinsky PHONE (A/C, No, Ext): 781-843-7000 FAX (A/C, No): 781-848-6100 E-MAIL ADDRESS: cwolinsky@twinbrook.com
INSURED Baker's Best Inc 150 Gould Street Needham, MA 02494	INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Co. INSURER B: Atlantic Charter Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	y	Y	CPA 5140361	04/01/17	04/01/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	y	Y	MAA5140363	04/01/17	04/01/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$			CUA5140365	04/01/17	04/01/18	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCI00107801	04/01/17	04/01/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			CPA5140361	04/01/17	04/01/18	\$ 1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Town of Arlington is added as an additional insured on the General Liability per written contract.

Event: 5/28/17

CERTIFICATE HOLDER Town of Arlington 730 Massachusetts Ave Arlington, MA 02476	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joseph Rizzo/cam
--	--

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Town of Arlington, Massachusetts

Request: Special (One Day) All Alcohol License, 5/28/17 @ Whittemore Robbins House for a Private Event

Summary:

Eric Larson

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Larson_Special_application.pdf	Special Alcohol License Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Eric Larson

Address, phone & e-mail contact information: 239 Western Ave. Cambridge, MA 02139
541-517-0718; elarson3@gmail.com

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☒ No

Name of Responsible Manager of Organization (if different from above):

Guy Ministeri

Address, phone & e-mail contact information: 18 Charme Rd. Tewksbury, MA 01876
978-851-3871; guymini99@yahoo.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? No If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location? No

24-Hour contact number for Responsible Manager of Alcohol Event date: 978-851-3871

Title of Event: Wedding

Date/time of Event: May 28, 2017 / 3pm-11pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mail

Number of people expected to attend: 105

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? yes - 7 under 21 years of age

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

Have you consulted with the Department of Police Services about your security plan for the Event?

yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Roteau
Off. Corey P. Roteau
Printed name/title

Date 5-9-17

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer, wine, bourbon, champagne

What types of food and non-alcoholic beverages do you plan to serve at the Event? Fruit, crackers, cheese, chips, sirloin steak, poached salmon, roasted potatoes, asparagus, salads, from Whole Foods Catering
water, soda

Who will be responsible for serving alcoholic beverages at the Event? Guy Ministeri
with Boston North Bartending Service

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS certification

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Guy Ministeri DOB - 5/16/1943

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Atlas Liquors 150 Mystic Ave Medford, MA

Date of Delivery: 5/27/17
Alcohol Serving Time (s): 5pm - 9:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Opened unused will be put in trunk of car and unopened will be picked up by Atlas Liquors.

Date of Pick-Up: 5/30/17

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) liability insurance and Tips certificate.

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Eric Larson

Printed title & Organization name: Wedding Ceremony & Reception

Email: elanson3@gmail.com

Eric Larson
239 Western Ave. Cambridge, MA 02139
541.517.0718

May 8, 2017

SECURITY PLAN FOR Wedding to be held at the Whittemore Robbins House on
Sunday, May 28, 2017

The event rental time is scheduled from 3:00pm-11:00pm. The service of alcohol will end 30 minutes prior to the end of the event at 9:30pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

There will be 105 guest with seven guests under the age of 21.

The menu includes: Hors d'oeuvres- fruit, vegetables, crackers, chips, cheese;
Dinner- Sirloin Steak, Poached Salmon, Corn and Black Bean salad, Roasted potatoes and sweet potatoes, Grilled asparagus, Green Salad; Dessert- Homemade cookies and cake, fruit.

Boston North Bartending Service will provide bartending services. The bartender, Guy Ministeri is TiPS certified. All rules regarding alcohol beverage service will be followed as understood from TIPS Certification training by the bartender. Bar service will run from 5:00pm-9:30pm.

Victoria Rose, the Event Coordinator, will be on site for the entire event to monitor the use of the Whittemore Robbins House. Guy Ministeri will be the responsible manager for this event. Both will be responsible for ensuring that the event runs smoothly.



eTIPS On Premise 3.0

CERTIFIED

Issued: 9/9/2016

Expires: 9/9/2019

ID#: 4350384

Guy T Ministeri
18 Charne Rd
Tewksbury, MA 01876-3204

For service visit us online at www.gettips.com



HEALTH COMMUNICATIONS INC.

Phone: 800-438-8477

Fax: 703-524-1487

www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature

Guy T. Ministeri

DOB 5/16/1943



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Malcolm & Parsons Insurance Agency 713 Washington Street P.O. Box 527 Stoughton MA 02072	CONTACT NAME: Jaime Gonsalves PHONE (A/C, No, Ext): (781) 344-3200 E-MAIL ADDRESS: jll@malcolmandparsons.com FAX (A/C, No): (781) 344-1425														
INSURED Guy Ministeri 18 Charme Road Tewksbury MA 01876	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Hospitality Mutual Insurance</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hospitality Mutual Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Hospitality Mutual Insurance															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER Master 02/26/17

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X		00077140LL	2/26/2017	2/26/2018	Per Occurrence \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Personal bartender for private parties

Whittemore Robbins House is additional insured with respect to Liquor Liability for the event scheduled for 05/28/2017.

CERTIFICATE HOLDER

Whittemore Robbins House 670R Massachusetts Avenue Arlington, MA 02476	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Anne Parsons/JAIME <i>Anne Parsons</i>
--	--

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Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/3/17 @ Robbins Memorial Town Hall for a Private Event

Summary:

Amy Rosenthal

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Rosenthal_Special_application.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Amy Rosenthal

Address, phone & e-mail contact information:

50 Taft Ave., Lexington, Ma. 781-862-2821 amyrosenthal77@gmail.com

Name & address of Organization for which license is sought:

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☐ No

Name of Responsible Manager of Organization (if different from above):

Ed Garland, Premier Bartending Service

Address, phone & e-mail contact information:

Premier Bartending Service, 781-223-5001 - egarland@premierbarservice.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ NO ☒ X If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

one time event

24-Hour contact number for Responsible Manager on Event date:

781-223-5001

Title of Event:

Bat Mitzvah

Date/time of Event:

Saturday, June 3, 2017 4:00 pm - 11:00 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 180

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic):

N/A

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Bartenders will check for ID's

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Ofc. Corey P. Pateau Date 5-29-17
Ofc. Corey P. Pateau
Printed name/title

POLICE COMMENTS:

Detail requirement waived for this one event due to the large number of children bringing attendance above the threshold.

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine

What types of food and non-alcoholic beverages do you plan to serve at the Event?

full dinner menu waters/sodas

Who will be responsible for serving alcoholic beverages at the Event?

Premier Bartending Service

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS CERTIFICATION

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc;

Kappy's Liquors, Everett

Date of Delivery: Sat. 6/3/2017

Alcohol Serving Time (s) 7:00 pm - 10:00 pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Kappy's will take back excess alcohol.

Date of Pick-Up:

Monday, 6/5/2017

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

ATTACHED

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Amy Rosenthal

Printed title & Organization name: _____

Email: _____ amyrosenthal77@gmail.com

revised: 5/18/2015 reformatted: 2/25/2016



ROBBINS MEMORIAL TOWN HALL AUDITORIUM
730 Massachusetts Avenue, Arlington, Ma. 02476

5 May 2017

SECURITY PLAN FOR BLUMENSTEIN BAR MITZVAH

A Bat Mitzvah sponsored by Amy Rosenthal will be held on Saturday, June 3, 2017, in the auditorium at Arlington Town Hall. The event is scheduled for 7:00 pm to 11:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 180 guests to attend. We anticipate some attendees will be under age. Therefore the bartending service will ID attendees.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Fireside Catering will be catering the event and Premier Bartending will provide the TIPS certified bartending staff. The Blumenstein family is responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise. A police detail will also be required for this party.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.



eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 11/18/2015 Expires: 11/18/2018
ID#: 4129771 D.O.B.: XX/XX/XXXX

Allan J Gray
Capers Catering
21 Emerson St
Stoneham, MA 02180-2053

For service visit us online at www.gettips.com

Date of Birth:
11/27/61



eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 11/18/2015 Expires: 11/18/2018
ID#: 4129671 D.O.B.: XX/XX/XXXX

Diane Maini
Capers Catering
21 Emerson St
Stoneham, MA 02180-2053

For service visit us online at www.gettips.com

Date of Birth:
3/1/62



GORDWAL-02

JHOGAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/10/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Roblin Insurance Agency 144 Gould Street Suite 100 Needham, MA 02494	CONTACT NAME:		
	PHONE (A/C, No, Ext): (781) 455-0700	FAX (A/C, No): (781) 449-8976	
	E-MAIL ADDRESS: certificates@roblininsurance.com		
INSURED Premier Catering & Bar Service LLC PO Box 540310 Waltham, MA 02454	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Mount Vernon Fire Co		
	INSURER B: StarStone National Insurance Company		25496
	INSURER C: U.S. Liability Ins. Co.		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BINDER	03/11/2017	03/11/2018	EACH OCCURRENCE	\$ 1,000,000					
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000					
							MED EXP (Any one person)	\$ 5,000					
							PERSONAL & ADV INJURY	\$ 1,000,000					
							GENERAL AGGREGATE	\$ 2,000,000					
							PRODUCTS - COMP/OP AGG	\$ 2,000,000					
							HIRED NONOWNED	\$ 1,000,000					
							COMBINED SINGLE LIMIT (Ea accident)	\$					
							BODILY INJURY (Per person)	\$					
							BODILY INJURY (Per accident)	\$					
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			88915C175ALI	03/11/2017	03/11/2018	EACH OCCURRENCE	\$ 5,000,000					
							AGGREGATE	\$ 5,000,000					
							PER STATUTE	OTH-ER					
							E.L. EACH ACCIDENT	\$					
							E.L. DISEASE - EA EMPLOYEE	\$					
							E.L. DISEASE - POLICY LIMIT	\$					
							WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				
							ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
							If yes, describe under DESCRIPTION OF OPERATIONS below						
							C	Liquor Liability			CL1569703C	03/11/2017	03/11/2018
Aggregate	2,000,000												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Town of Arlington is additional insured with regard to liability of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington
Town Hall
730 Massachusetts Ave.
Arlington, MA 02476

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/3/17 @ Whittemore Robbins House for a Private Party

Summary:

Sarah Wald

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Wald_special_app.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Sarah Walsh

Address, phone & e-mail contact information: 232 Payson Rd. Belmont, MA
sew071@gmail.com ; 617-489-3537

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ____ Yes ☒ No

Name of Responsible Manager of Organization (if different from above):
To be determined

Address, phone & e-mail contact information: _____

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? no If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?
one-time event.

24-Hour contact number for Responsible Manager of Alcohol Event date: TBD

Title of Event: Private Party

Date/time of Event: June 3, 2017 / 6:30 - 10:30 pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mail

Number of people expected to attend: 50 - 60

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? NO

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

Have you consulted with the Department of Police Services about your security plan for the Event?

yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Date _____

Printed name/title _____

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer + wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? water, soda, Sesame chicken / Scallops wrapped in Bacon / Lavash pita wheel wraps / Spanikopita / Thai Spring Rolls / mozzarella, Tomato + Basil / mini pastries / Jumbo cookies

Who will be responsible for serving alcoholic beverages at the Event?

Tips certified bartender from Neilias
John Lespio

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

Tips certification

→ bartender John Lespio (DOB - pending)
Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Staffing in progress - will provide
certificate and name and date of birth
before the event.

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the
ABCC website: www.mass.gov/abcc) Atlas Liquors
156 Mystic Ave. Medford, MA

Date of Delivery: 6/3/17
Alcohol Serving Time (s): 7pm - 9:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
opened will be placed in trunk of car.
unopened will be picked up by atlas.

Date of Pick-Up: 6/5/17

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) ATTACHED

Please submit this completed form and filing fee to the Board of Selectmen
at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Sarah Wald

Printed title & Organization name: Private Party

Email: sew071@gmail.com

Sarah Wald
232 Payson Road Belmont, MA 02478
617.489.3537

May 10, 2017

SECURITY PLAN for Private Party at the Whittemore Robbins House on June 3, 2017

This event is a Private Party.

The event is scheduled for Saturday, June 3, 2017 from 7:00pm-10:00pm at the Whittemore Robbins House. The alcohol service will end 30 minutes before the end of the event at 9:30pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 50-60 guests. There will be no guest under the age of 21.

The menu includes: beer and wine; Sesame Crusted Chicken; Scallops wrapped in Bacon; Lavash Pinwheel Wraps (ham, turkey, roast beef); Thai Spring Rolls; Spanikopita; Mini Pastries and Jumbo Cookies.

Neillios Catering will provide the food and bartending service. The bartender is T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartender. Bar service will begin at 7:00pm and end at 9:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. A Neillio's Catering Manager (TBD) will be the responsible manager for this event. John Lespio, bartender will provide beverage service. All will be responsible for ensuring that the event runs smoothly.

Please advise if there are other items that we need to consider.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Denise Sawicki, Rep
Encharter-MA	PHONE (A/C, No, Ext): (800) 675-6695
Encharter Insurance LLC	FAX (A/C, No): (800) 754-1602
25 University Drive	E-MAIL ADDRESS: dsawicki@encharter.com
Amherst MA 01002	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Preferred Mutual Insurance Co
Neillio's At Lexington, Inc.	INSURER B: The Commerce Ins. Co.
53 Bedford St	INSURER C:
Lexington MA 02420	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL168806128

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	BOP0100715516	10/15/2016	10/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		QPM846	10/15/2016	10/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UC0100607485	10/15/2016	10/15/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Town of Arlington as additional insured. Host: Sarah Ward, Time of Event: 7:00-10:00, Type of Bar: Beer & Wine, Type of Event: Dance, Number of Guest: 50-60 Guests.

CERTIFICATE HOLDER

CANCELLATION

Whittemore Robbins House
670R Massachusetts Ave
Arlington, MA 02476

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tracey Benison/N01AC1

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NEILLIO'S GOURMET CATERING

53 Bedford Street . Lexington . MA 02420 . 781.861.8466

Proposals

Client: Sarah Wald

Date: Saturday, June 3, 2017

Type of Event: Dance Party

Location: Whittemore Robbins House

Event Time: 7:00-10:00

Guests: approximately 50-60

Phone: 617 495 4260 Email: Sew071@gmail.com

Menu	Amount
Stationary Hors d'Oeuvres: (1) Medium Cheese Tray with assorted crackers (1) Medium Crudite & Dip Non-vegetarian options: (5) Dozen Sesame Crusted Chicken with Apricot Ginger Sauce (5) Dozen Scallops Wrapped with Bacon (5) Dozen Lavash Pinwheel Wraps (ham, turkey, roast beef) Vegetarian Options: (5) Dozen Fresh Mozzarella, Tomato & Basil Croustade (5) Dozen Thai Spring Rolls with Sweet Chili Sauce (4) Dozen Spanikopita Dessert: (5) Dozen Assorted Mini Pastries (30) Assorted Jumbo Cookies (Cut in Half) Staff: (1) Bartender (6:30-10:30 portal to portal) (1) Lead Waitstaff (6:00-11:30 portal to portal) (1) Waitstaff (6:00- 11:30 portal to portal) Miscellaneous: (60) paper goods (small plates, cocktail napkins, cups for bar)	
	Food Subtotal
	Tax
	Event Fee
	Liability
	Staff
	Event Estimate

Terms and Conditions: A credit Card is required upon acceptance of this proposal to secure order and even Final payment may be made by cash, check (payable to Neillio's Catering) or charge the day of the event .

Agreed and Accepted by Client: _____

Date: _____



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/4/17 @ Whittemore Robbins House for a Private Event

Summary:

Marilyn Zuckerman

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Zuckerman_special_app.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Marilyn Zuckerman

Address, phone & e-mail contact information: 114 Selwyn Rd. Newton Highlands, MA
617-332-0121; marilyn.zuckerman@msn.com

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ____ Yes ____ No

Name of Responsible Manager of Organization (if different from above):
Via Lago Carol Dunbar

Address, phone & e-mail contact information: 1845 Mass. Ave Lexington MA 02420
781-589-2408; cdunbar@via-lago-catering.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? NO If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?
NO

24-Hour contact number for Responsible Manager of Alcohol Event date: 781-589-2408

Title of Event: Party

Date/time of Event: June 4, 2017 / 2pm-9pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mail

Number of people expected to attend: 45

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? Yes 10 year old, 3 1/2 + 18 months

If "yes," please detail plan to prevent access of minors to alcoholic beverages. Tips certification requirements followed by bartender

Have you consulted with the Department of Police Services about your security plan for the Event? yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Ratican Date 5-11-17

Off. Corey P. Ratican
Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all alcohol Special Licenses are available only to nonprofit organizations.)

beer, wine, sparkling water, cranberry + orange juice

What types of food and non-alcoholic beverages do you plan to serve at the Event?

menu - see attached Food permit with menu

Who will be responsible for serving alcoholic beverages at the Event? Efrain Avalo
Via Lago bartender.

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

Tips certified on Premise 2.0

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Efrain Avalo - 12-12-1991

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc)

Kappy's Importing & Distributing Co., Inc. in Everett, MA

Date of Delivery:

June 3

Alcohol Serving Time (s):

4pm - 7:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Kappy's - unopened / opened in trunk of clients car

Date of Pick-Up:

June 5

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

liability insurance & TIPS certificate

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature:

Printed name: Marilyn Zuckerman

Printed title & Organization name: Private Party 6/4/17

Email: marilynzuckerman@mon.com

Marilyn Zuckerman
114 Selwyn Road, Newton Highlands, MA 02641
617-332-0121

May 10, 2017

SECURITY PLAN for Private Party at the Whittemore Robbins House on June 4, 2017

This event is a Private Party.

The event is scheduled for Saturday, June 4, 2017 from 4:00pm-8:00pm at the Whittemore Robbins House. The alcohol service will end 30 minutes before the end of the event at 7:30pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 45 guests. There will be three guest under the age of 21- ages: 10 years, 3 ½ years, and 18 months.

The menu includes: Shrimp Cocktail; Caprese Skewers; Lobster and scallion in phyllo cup; Salmon; Lemon Chicken; Eggplant Roulade; Lentil and Brown Rice pilaf; Spinach Salad; Brioche and Rolls; Chocolate Cake and coffee and tea and beer and wine.

Via Lago Catering will provide the food and bartending service. The bartender is T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartender. Bar service will begin at 7:00pm and end at 9:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Carol Dunbar from Via Lago will be the responsible manager for this event. Efrain Avalo, certified bartender will provide beverage service. All will be responsible for ensuring that the event runs smoothly.

Please advise if there are other items that we need to consider.

Preview File Edit View Go Tools Window Help

Screen Shot 2016-05-20 at 8.35.20 AM



eTIPS On Premise 2.0

Issued: 05/19/2016

Expires: 05/20/2019

ID#: 4259778

Efrain Avalo

Caterstaff

61 Presidential Dr Apt 5

Quincy, MA 02169-8842 USA

+

CERTIFIED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (978) 263-3500 Fax: (978) 263-1438
GALLANT INSURANCE AGENCY, INC.
199 GREAT ROAD / P O BOX 975
ACTON MA 01720

CONTACT NAME: Gallant Insurance Agency, Inc.

PHONE (A/C, No, Ext): (978) 263-3500

FAX (A/C, No): (978) 263-1438

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Ohio Security Insurance Company

INSURER B :

INSURER C :

INSURER D:

INSURER E

INSURER F :

INSURED
VIA LAGO INC.
C/O ALAN JICK
1845 MASSACHUSETTS AVENUE
LEXINGTON MA 02420-4807

COVERAGES

CERTIFICATE NUMBER: 61755

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTG		INSD	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BKS55774970	10/01/16	10/01/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED. EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
A	Liquor Liability			BKS55774970	10/01/16	10/01/17	each occurrence \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Whittemore-Robbins House is an additional insured to the above general liability policy as respects the duties and operations of the named insured.

CERTIFICATE HOLDER

CANCELLATION

The Whittemore-Robbins House
670 Rear Massachusetts Ave.
Arlington MA 02475

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Attention:

Ray Gallant, President



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 7/15/17 @ Robbins Memorial Town Hall for a Private Event

Summary:

Erika Olsen

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Olsen_Special_application.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Erika Olsen

Address, phone & e-mail contact information:

25 Village Rock Lane #8, Natick Ma. 01760 740-707-2398

Name & address of Organization for which license is sought:

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☐ No

Name of Responsible Manager of Organization (if different from above):

Michelle Noska Beaujolais Catering

Address, phone & e-mail contact information:

207A Broadway, Arlington, Ma. michelle@beaujolaiscatering.com 617-519-6081

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ NO ☐ If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

one time event

24-Hour contact number for Responsible Manager on Event date:

617-519-6081

Title of Event:

wedding

Date/time of Event:

Saturday, July 15, 2017, 2:30 - 11:00 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 140

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic):

N/A

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Bartenders will check for ID's

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rateau
Off. Corey P. Rateau
Printed name/title

Date 5-9-17

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine

What types of food and non-alcoholic beverages do you plan to serve at the Event?

full dinner menu waters/sodas

Who will be responsible for serving alcoholic beverages at the Event?

Beaujolais Catering

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS CERTIFICATION

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc.)

Atlas Liquors, Medford

Date of Delivery: Sat. 7/15/2017

Alcohol Serving Time (s) 6:00 p. - 10:00 pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Atlas will take back what is not used.

Date of Pick-Up:

Mon/ July 17, 2017

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

ATTACHED

Please submit this completed form and filing fee to the Board of Selectmen

**at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.**

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Erika Olsen

Printed title & Organization name: _____

Email: erikaoleson@gmail.com

revised: 5/18/2015 reformatted: 05/05/2017



ROBBINS MEMORIAL TOWN HALL AUDITORIUM
730 Massachusetts Avenue, Arlington, Ma. 02476

5 May 2017

SECURITY PLAN FOR OLESON WEDDING

A wedding for Erika Oleson will be held on Saturday, July 15, , 2017, in the auditorium at Arlington Town Hall. The event is scheduled for 5:00 pm to 10:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 140 guests to attend. We anticipate some attendees will be under age. Therefore the bartending service will ID attendees.

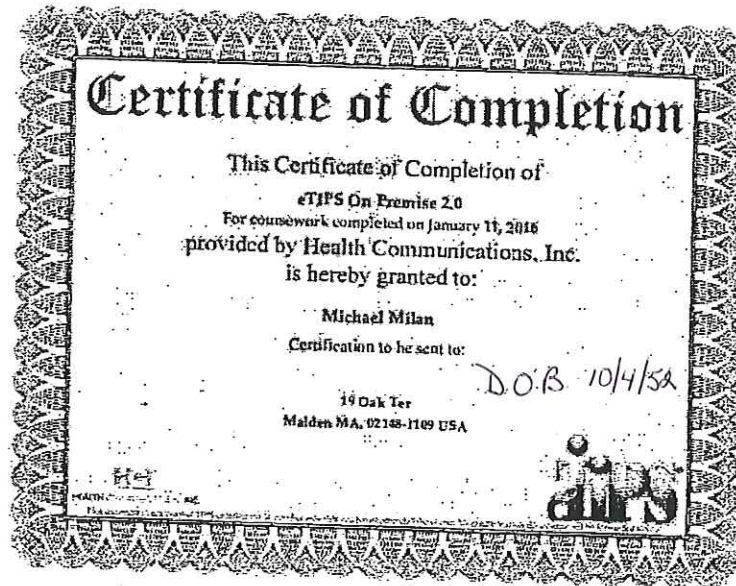
Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Beaujolais Catering will be catering the event and will provide the bartending service and the TIPS certified bartending staff. The Oleson family is responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.

Print Make Mark
Do not click Back-Space to leave this window




This card was issued for successful completion of the TIPS program.

Signature: _____

This is your Official TIPS® Certification Card.
Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

Congratulations!
By successfully completing the TIPS (Training for Intervention Procedures) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program. You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use. You have any information you think would enhance the TIPS program, or can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,

Michael J. Safetz
TIPS

IMPORTANT: Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

TIPS® eTIPS On Premise 2.0
ID#: 4003613
Issued: 6/6/2015
Expires: 6/6/2018
SSN: XXX-XX-XXXX
D.O.B.: XXX/XX/XXXX
5/27/88

Aldarico G de Oliveira
364 Reservoir ave
Revere, MA 02151

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148	CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 24082
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COVERAGES **CERTIFICATE NUMBER:** CL1741225218 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS56554619	4/9/2017	4/9/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Expense Mod Factor 1 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY			BKS56554619	4/9/2017	4/9/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder name as additional insured

CERTIFICATE HOLDER

CANCELLATION

Town Of Arlington 730 Mass Avenue Arlington, MA 02474	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE J S Scholnick/MPB
--	--

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Town of Arlington, Massachusetts

Arlington Bicycle Advisory Committee , Executive Board

Summary:

Elizabeth Shea (term to expire 5/31/2020)

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Shea_appt.pdf	ABAC recommendation, Shea resume, meeting notice

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA 02476

2017 APR 26 AM 9:30



TOWN OF ARLINGTON

MASSACHUSETTS 02476

781 - 316 - 3090

DEPARTMENT OF PLANNING and
COMMUNITY DEVELOPMENT

April 26, 2017

Arlington Board of Selectmen
Town Hall
730 Massachusetts Avenue
Arlington, MA 02476

Re: Filling of Vacant Seat on the Arlington Bicycle Advisory Committee's Executive Board

Dear Members of the Arlington Board of Selectmen:

At its meeting on March 15th, 2017, Arlington's Bicycle Advisory Committee voted to have Elizabeth Shea fill a vacant seat on the Committee's Executive Board. In order to complete the process of filling the seat, the Committee's regulations stipulate that the Board of Selectmen must now vote on whether or not to support the Committee's vote on Ms. Shea. Can this item be placed on the agenda of the next Board of Selectmen meeting?

For more information, please find Ms. Shea's resume attached.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nat Strosberg".

Nat Strosberg
Senior Planner & Liaison to the Bicycle Advisory Committee
Town of Arlington

Employment	Ironwood Pharmaceuticals, Cambridge, MA <i>Associate Director, Medical Sciences</i>	December 2012 – present
	<ul style="list-style-type: none"> Responsible for developing content for communication materials intended for scientific exchange and educational materials. 	
	Dyax Corp., Cambridge, MA <i>Principal, Medical Communications</i> <i>Medical Communications Consultant</i>	March 2010 – November 2012 January 2008 – February 2010
	<ul style="list-style-type: none"> Led project teams, comprised of internal and external authors, to produce quality scientific publications in compliance with the guidelines of Good Publication Practice (GPP-2) Provided strategic and tactical support of publication planning activities in collaboration with an internal publication strategy team and external publication steering committee Drafted and developed: manuscripts for peer-reviewed journals; abstracts, posters, and slide presentations for scientific conferences; study reports for regulatory submission Managed outside contractors and vendors Managed medical affairs library; develop programs to maximize the value of literature-based evidence Researched scientific literature, prepare literature reviews, and drive white paper activities Managed edits, fact checks, and quality reviews of clinical documents for Biological License Application (BLA) Drafted and developed slides for presentation to FDA advisory panel Developed, documented, and implemented processes for medical communications function 	
	Northeastern University, Boston, MA <i>Assistant Professor, Department of English</i>	September 1999 – June 2008
	<ul style="list-style-type: none"> Conducted original research in rhetoric of science, including extensive analysis of scientific literature Authored publications including peer-reviewed book published by a university press Co-directed masters program in technical and professional writing; responsibilities included managing budget, scheduling, updating curricula, staffing courses, overseeing admissions, and recruitment Oversaw the hiring, evaluation, and promotion of lecturers and adjunct instructors Created and taught 18 original courses in rhetoric, technical writing, science writing, and editing Directed 6 masters projects and served as academic advisor for over 20 graduate students Collaboratively developed and implemented curricula for writing programs 	
	Biogen Inc., Cambridge, MA <i>Medical Writing Quality Assurance Consultant</i>	June 2001 – October 2003
	<ul style="list-style-type: none"> Edited clinical study reports, protocols, investigator brochures, and patient information forms Reviewed clinical study documents for readability, data consistency, and messaging Developed quality assurance tools and procedures for writing and reviewing protocols Created and conducted writing workshops for medical writers 	
	University of Texas, El Paso, TX <i>Lecturer, Department of English</i>	September 1997 – June 1999
	<ul style="list-style-type: none"> Directed program in science, technology, and society Designed and taught courses in technical writing and topics in science, technology, and society Conducted original research in the rhetoric of science 	
Employment (continued)	Rensselaer Polytechnic Institute, Troy NY <i>Teaching Assistant</i>	September 1992 – June 1997
	Genfo, Inc., Troy NY <i>Technical Writer</i>	May 1996 – June 1997
	McDonnell Douglas Corp., Long Beach, CA <i>Associate Engineer</i>	April 1989 – April 1991

Education	Ph.D.	Communication and Rhetoric (area of specialization: scientific communication), 1999, Rensselaer Polytechnic Institute, Troy, NY
	M.S.	Science and Technology Studies, 1994, Rensselaer Polytechnic Institute, Troy, NY
	B.S.	Mechanical Engineering, 1988, Rensselaer Polytechnic Institute, Troy, NY
Selected Publications (authored & co-authored)	Li HH, Campion M, Craig TJ, Soteris DF, Riedl M, Lumry WR, MacGinnitie AJ, Shea EP, Bernstein JA. Analysis of administration of second dose of ecallantide for treatment of acute attacks of hereditary angioedema. <i>Ann Allergy Asthma Immunol.</i> Forthcoming.	
	Bernstein JA, Shea EP, Koester J, Iarrobino R, Pullman WE. Assessment of rebound and relapse following ecallantide treatment for acute attacks of hereditary angioedema. <i>Allergy.</i> 2012 Sep;67(9):1173-80.	
	Shea E, Pullman W. Literature review and analysis of efficacy of treatments for acute attacks of hereditary angioedema [abstract; poster presented at the European Academy of Allergy and Clinical Immunology 30 th Congress]. <i>Allergy.</i> 2011; 66 (Suppl. 94): 417.	
	Wilson DA, Bork K, Shea EP, Rentz AM, Blaustein MB, Pullman WE. Economic costs associated with acute attacks and long-term management of hereditary angioedema. <i>Ann Allergy Asthma Immunol.</i> 2010 Apr;104(4):314-20.	
	Shea EP. How the Gene Got Its Groove: Figurative Language, Science, and the Rhetoric of the Real. Albany: State University of New York Press; 2008.	
	Shea EP. Drugs and Society. In: Restivo S, editor. <i>Science, Technology, and Society.</i> New York: Oxford University Press, 2005. 84-86.	
	Shea EP. Genetics and Society. In: Restivo S, editor. <i>Science, Technology, and Society.</i> New York: Oxford University Press, 2005. 162-164.	
	Shea EP. The Gene as a Rhetorical Figure: Notes on "Nothing But a Very Applicable Little Word." <i>Science as Culture.</i> 2001;10:505-529.	
	Riedl M, Campion M, Horn PT, Pullman WE. Response time for ecallantide treatment of acute hereditary angioedema attacks. <i>Annals of Allergy, Asthma & Immunology.</i> 2010;105(6):430-436.e2.	
	Lumry WR, Castaldo AJ, Vernon MK, Blaustein MB, Wilson DA, Horn PT. The humanistic burden of hereditary angioedema: Impact on health-related quality of life, productivity, and depression. <i>Allergy Asthma Proc.</i> 2010;31(5):407-14.	
Selected Publications (supported)	Banta E, Horn P, Craig TJ. Response to ecallantide treatment of acute attacks of hereditary angioedema based on time to intervention: Results from the EDEMA clinical trials. <i>Allergy Asthma Proc.</i> 2011;32(4):319-24.	
	Banta EC, T.J. Overview of ecallantide in the treatment of hereditary angioedema types I and II. <i>Therapy.</i> 2010;7(5):565-571.	
	Invited Lectures	
	"Everything I Know About Rhetoric I Learned from Genes." Rhetoric Department, University of Minnesota. 4 November 2005.	
	"A Burst of Glory": Johannsen Names the Gene." Department of the History of Science, Harvard University. 7 November 2003.	
Professional Organizations	"William Bateson and the Rhetorical Foundations of Genetics." Science, Technology, and Society Lecture Series. Penn State University. 4 March 2003.	
	"Authoring the Origin of Genetics: Notes on the Rhetorical Work of William Bateson." Barrs Lecture Series. Department of English, Northeastern University. March 2001.	
	American Medical Writing Association, Member International Society for Medical Publication Professionals, Member Rhetoric Society of America, Member Society for the Social Studies of Science, Member	

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

April 26, 2017

Elizabeth Shea
14 Schouler Court
Arlington, MA 02476

Re: Appointment: Arlington Bicycle Advisory Committee

Dear Ms. Shea:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2nd Floor, 730 Massachusetts Avenue, on Monday, May 15th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

Board of Youth Services

Summary:

Lori Pescatore (term to expire 1/31/2020)

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Pescatore_appt.pdf	Recommendations to appoint, Pescatore resume, meeting notice



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 3, 2017

TO: Board Members

SUBJECT: Appointment to the Board of Youth Services

This memo is to advise the Board of Selectmen of my intent to appoint Lori Pescatore, 5 Lennon Road, Arlington, MA 02474, to the Board of Youth Services. The term expiration date will be 1/31/2020.

A handwritten signature in cursive script that reads "Adam Chapdelaine".
Town Manager

Memo

To: Christine Bongiorno
From: Colleen Leger
Date: 4/26/2017
Re: Recommendation for Board of Youth Services Position

The Board of Youth Services (BYS) is currently looking to fill one open seat. The interview committee met with 3 applicants, one of whom later withdrew her candidacy. Of the remaining two, we have decided to recommend Lori Pescatore for the position. Lori is actively engaged in a number of volunteer activities in the community, and has helped out with AYCC fundraising initiatives in the past. She is excited about the work of the Board and supportive of AYCC's mission. Please find attached Lori's resume.

Please feel free to contact me with any questions.

Colleen

Lori Pescatore

5 Lennon Road, Arlington MA 02474 - loripescatore@hotmail.com

Experience: Peirce School PTO

Peirce PTO Treasurer 2005-2013

Fundraising Chair 2009-2012

PTO President 2013- present

Experience: Ottoson Parent Advisory Council

OPAC Treasurer 2013-present

Events Coordinator 2012-2016

Experience: Arlington Boys and Girl Club

Stay and Play Program 2014-2016

Experience: Arlington Public Schools

Substitute Teacher 2016-present

Experience: St. Eulalia Parish

CCD Teacher 2011-present

CCD Coordinator 2014-present

Eucharist Minister 2016-present

Hospitality 2014-present

Experience: Arlington High School

Last Blast Committee 2016-present

Family: Married to Michael Pescatore for 19 years, mother to 3 boys, John (17), Michael (15), Peter (11). I have lived in Arlington for my whole life and am always willing to give back to my community when I see the need.

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 4, 2017

Lori Pescatore
5 Lennon Road
Arlington, MA 02474

Re: Appointment: Board of Youth Services

Dear Ms. Pescatore:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2nd Floor, 730 Massachusetts Avenue, on Monday, May 15th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka fr

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

For Approval: Food Vendor License

Summary:

Mamadou's Artisan Bakery, 677 Massachusetts Avenue
Mame Diouf & Mamadou Mbaye

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Ref_Mat_5.15.17_Mamadou_s_FV.pdf	FV application & inspection reports

FOOD VENDOR LICENSE APPLICATION REPORT

Type of License Food Vendor

Name of Applicant: Mame Diouf & Mamadou Mbaye
 d/b/a Mamadou's Artisan Bakery

Address: 677 Massachusetts Avenue

PLEASE NOTE: THE ORIGINAL APPLICATION WAS FOR A CV LICENSE BUT
WAS REVISED TO A FV LICENSE.

The following Departments have **no objections** to the issuance of said license:

- Police x
- Fire
- Health
- Building
- Planning

The following Departments have **no objections** but have made comments or
conditions regarding the issuance of said license: (see attached)

- Police
- Fire x
- Health x
- Building x
- Planning x

The following Departments have **objections** to the issuance of said license:
(see attached)

- Police
- Fire
- Health
- Building
- Planning

ARLINGTON POLICE DEPARTMENT

Frederick Ryan
Chief of Police



Town of Arlington
MASSACHUSETTS 02474

POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900

April 14, 2017

On Friday, April 14, 2017 at 1:00 PM, I called and spoke with Mame Diouf regarding this application for a Common Victualler License for the Mamadou's Artisan Bakery, located at 677 Mass. Ave. Mame stated that this is an open space and will be doing a little renovating before opening. Mame stated that she is hoping for a June opening. Mame stated that they will be baking off site and bringing the bakery items to the store to sell. Mame stated that she will be the primary owner and working the day to day operations with her husband, Mamadou.

I advised Mame that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Common Victualler License for Mamadou's Artisan bakery.

Respectfully Submitted,

Detective Edward DeFrancisco

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:

A handwritten signature in dark ink, appearing to read "Mame Diouf".

A second handwritten signature in dark ink, appearing to read "Mame Diouf".

Date:

5-12-17

From: "John Kelly (Fire Dept)" <JKelly@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 04/05/2017 05:17 PM
Subject: Re: Inspection report Mamadou's / 677 Mass. Ave.

MaryAnn

From what I see here, correct me if I'm wrong, they are doing all the cooking in Winchester. If that is so I do not need to inspect this new bakery.

Thanks

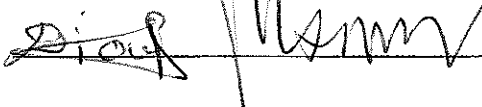
JK

Thank You

Deputy Chief John R Kelly
Arlington Fire Dept.
Operations Division
781-316-3803

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:  Date: 5-12-17



Town of Arlington
Department of Health and Human Services
Office of the Board of Health

27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Selectmen
From: Natasha Waden, Health Compliance Officer
Date: May 11, 2017
RE: Board of Health Comments for Selectmen's Meeting on May 15, 2017:

Please accept the following as comments from the Office of the Board of Health:

**Mamadou's Artisan Bakery
Food Vendor License**

- This establishment is currently in the plan review process. The plans submitted have been approved and the applicant is in the process of complying with the conditions outlined in the plan approval letter dated April 24, 2017. Upon successful pre-operational inspection, this Office will issue a permit to operate a food establishment to the applicant for the remainder of the calendar year.*

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: _____

Date: 5-12-17

**BOARD OF SELECTMEN
TOWN OF ARLINGTON – INSPECTION REPORT**

Report is due at the office of the Board of Selectmen by, 5/3/2017
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 677 Mass Ave.
Applicants Name: Mame Diouf & Mamadou Mbaye
D/B/A: Mamadou's Artisan Bakery
Telephone: 781 570-9107
Department: Sent E-mail

Date: 3/16/2016

MEETING DATE: 5/8/2017

Inspected By:

RE: COMMON VICTUALLER LICENSE

Police
Fire
Board of Health
Building, Wiring, Plumbing
Planning

INSPECTION REPORT SECTION:

Building

All building changes need permits.
All sign changes need approval and sign permit.
Window signs cannot exceed 25% of window or fines will be levied.
Certificate of Occupancy is needed - \$100 fee.
The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

Plumbing

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.
All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

Electrical

The Inspector Wires has no objection to the issuance/ renewal of this license.
The applicant acknowledges that this is a conditional approval of the premises only and is not to be construed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

APPLICANT SIGNATURE SECTION:

I have received the above report and knowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicants risk.

Applicant's Name: Mame & Mamadou M Baye

Date: 5-12-17

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by 5/3/17

ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 677 Mass Ave
Applicant's Name: Mame Dlouf and Mamadou Mbaye
D/B/A: Mamadou's Artisan Bakery
Telephone: 781.570-9107
Department: Sent Interoffice Mail & E-mail
Date: April 5, 2017

Meeting Date: 5/8/17

Re: COMMON VICTUALLER LICENSE

Police
Fire
Board of Health
Building
Planning

Comments by Allison Carter, Economic Development Coordinator, Department of Planning and Community Development:

The proposed business is at the former location of Tula Boutique, which was a retail clothing store. The proposed use is a bakery. It is located in a B3 Zoning District, which is a village business district. This is an appropriate use for this location.

The Department has no objection to the issuance of a Common Victualler license to this business.

Any changes in signage, including signs in the window, and changes to the façade of the building may be subject to review by this Department. The Applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:  Date: 5-12-17

OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908

(781) 316-3020
(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☒ COMMON VICTUALLER LICENSE

☒ FOOD VENDOR LICENSE (Take Out Only)

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 677 Mass Ave Arlington MA

Name of Applicant Mame a Mamadou Hbaye

Corporate Name (if applicable) _____

D/B/A Mamadou's Artisan Bakery LLC

Date 2/15/17

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name [Signature]

Signature Name [Signature]

Phone: 781-570-9107 Email: Corambaye@aol.com

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name <u>Mamaden Mbaye</u>	Name <u>Mame Diouf</u>
Address <u>63 Swanton St</u>	Address <u>63 Swanton Street</u>
City <u>WINCHESTER MA</u> Zip <u>01890</u>	City <u>WINCHESTER MA</u> Zip <u>01890</u>
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Born in the U.S., Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Born Where <u>SENEGAL</u>	Born Where <u>SENEGAL</u>
Date of Naturalization _____	Date of Naturalization _____
Male or Female <u>Male</u>	Male or Female <u>Female</u>
Date of birth <u>[REDACTED]</u>	Date of birth <u>[REDACTED]</u>
Height _____ ft. _____ in.	Height _____ ft. _____ in.
Weight _____	Weight _____
Complexion _____	Complexion _____
Hair <u>Black</u> Eyes <u>Brown</u>	Hair <u>Black</u> Eyes <u>Brown</u>
Mother's Name <u>Anta</u>	Mother's Name <u>Salimata</u>
Father's Name <u>Ademba</u>	Father's Name <u>AMSATA</u>
Wife's Maiden Name _____	Wife's Maiden Name <u>DIOUF</u>
Photo <u>1 inch by 1 inch</u>	



The Establishment shall operate as:

☒ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☐ Corporation Based in _____

(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President _____

Secretary _____

Treasurer _____

Name

Address

Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast _____
Yes ___ No ___
Lunch _____
Yes ___ No ___
Dinner _____
Yes ___ No (No)

Do you own the property? Yes ___ No ___ Tenant At Will ☒ Lease 2-3 years

Hours of Operation:

Day Tues - Sunday Hours 8-5 or 8-6

Day _____ Hours _____

Day _____ Hours _____

Floor Space 750 Sq. Ft. Seating Capacity (if any) no

Parking Capacity (if any) no spaces Number of Employees 3

List Cooking Facilities (and implements)

Mamador's Artisan Bakery LLC -
63 S. Winter Street
Winchester MA 01890

Will a food scale be in use for sale of items to the public? Yes ___ No ☒

Will catering services be provided by you? Yes ☒ No YES

A copy of the following items must be submitted with the application:

- ✓ 1. Layout Plan of Facility & Fixtures
- 2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
- 3. Outside Facade and Sign Plan (dimensions, color)
- ✓ 4. Menu
- 5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done \$ _____

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date _____ Time _____

Board Action: Approved Yes ___ No ___

APPLICANT'S RESUME

Food Business Experience of Applicant

From _____	to _____
Employee _____	D/B/A _____
Sole Owner <u>Mamadou MIBAYE</u>	Location <u>Winchester - MA</u>
Partnership _____	Type Food _____
Corporation _____	Number of Employees _____

From _____	to _____
Employee _____	D/B/A _____
Sole Owner <u>MAME MIBAYE</u>	Location <u>Winchester MA</u>
Partnership _____	Type Food _____
Corporation _____	Number of Employees _____

List any other information that you feel will assist in the review of this application.

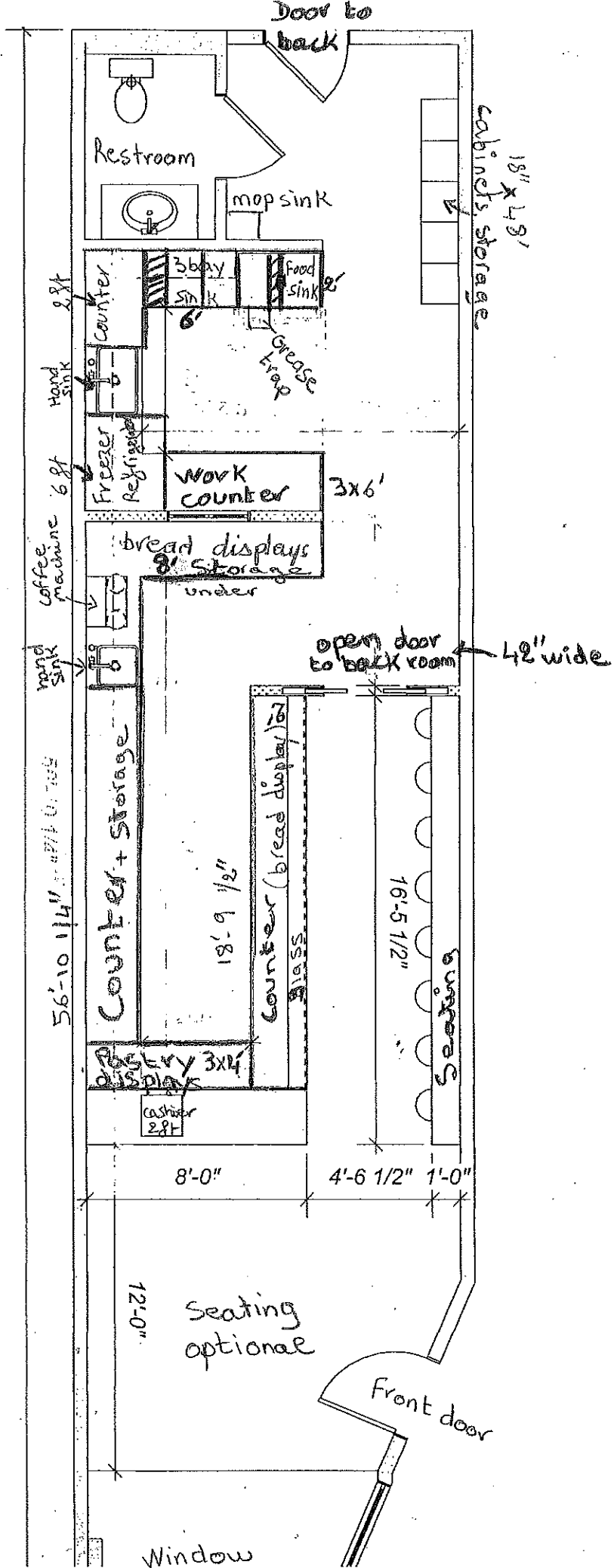
REFERENCES

Bank _____	Type Account-Personal _____	Business _____
Address _____	Phone _____	
Account Number _____	Contact _____	
Personal Reference _____		
Address _____	Phone _____	
Prior Employer _____		
Address _____	Phone _____	
Number of years employed _____	From _____	To _____
Contact _____	Position Held _____	
Other _____		

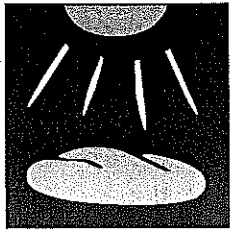
Name

Address

1 Mamadou's Store - Opt. 1
 Scale: 3/16" = 1'-0"

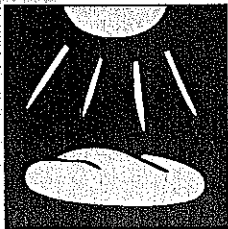


1-A



MAMADOU'S
artisan bakery

1-B



MAMADOU'S
artisan bakery

Mamadou Boston Market 2-sided Sign, 2' x 4'
Option 1 – 1" HVC with dimensional acrylic lettering
5-29-15 DaySpring Graphics

Mamadou's Artisan Bakery

63 Swanton st Winchester

MA 01890

781-560-8068

MENU

Bread

* RAISIN PECAN * SESAME

CRANBERRY PECAN

* MULTIGRAIN

* OLIVES

*CHEESE

* FENNEL

* PAYSAN

*FRENCH LOAF

* ITALIAN

* WHOLE WHEAT

* SOURDOUGH

* PAIN AU LEVAIN

*CIABATTA

* BAGUETTE

* BABKA

Pastries

* ALMOND CROISSANT

* CROISSANT

*DANISH

* CHALLAH

*BRIOCHE

*CHOCOLATE ALMOND

* CHOCOLATE CROISSANT

* CREPES

* BELGIUM WAFFLES

* COOKIES

Drink : COFFEE,TEA, COLD DRINK(WATER,FRESH JUICE,CARBONATED WATER)

Maintenance Program

Mamadou's Artisan Bakery

Retail bakery

Location: 677 Mass Ave Arlington MA

ITEMS TO BE MAINTAIN DAILY:

- *All pastries prep, holding and cooking surfaces will be cleaned and sanitized multiple times a day.
- *Floors mopped nightly
- *All countertops and floors swept and cleaned multiple times each day
- *Seating area will be cleaned and dusted throughout the day
- *The storefront area and storefront windows, will be cleaned
- *Refrigerator and freezer cleaned and maintained
- *Bathrooms will be monitored and cleaned throughout the day
- *Dry food storage areas swept and cleaned

ITEMS TO BE MAINTENED WEEKLY:

- *Grease trap cleaned every two weeks
- *Dry storage areas swept, dusted and cleaned twice each week

ITEMS TO BE MAINTAINED MONTHLY:

- *Coffee and espresso machines serviced
- *All kitchen appliances will be checked and serviced every three to four months
- *Pest control contacted as needed

ITEMS TO BE MAINTAINED YEARLY:

- *Freezer and refrigerator fans cleaned or replaced

A Handmade Life: Mamadou's Artisan Bakery



A Handmade Life: Mamadou's Artisan Bakery

by Rosie DeQuattro

Mamadou Mbaye, in a black kufi and clean white kitchen shirt and pants, is shaping baguettes by hand. Tall, handsome and lean, he strikes an imposing figure, which contrasts charmingly with his soft, friendly demeanor. When asked his age, he smiles self-consciously. "Let's see, I was born in 1968 so that would make me 41, 42, I don't count anymore." As he talks, he shapes loaves, rhythmically. His gloveless hands, coated with flour, never rest. He tells me his story of what a West African is doing making bread in Winchester, Massachusetts. A love of baking bread has been the continuing storyline in Mamadou's life. Summers in his native Senegal were spent baking bread for pocket money. He was fortunate to work with some good bakers in Dakar, Senegal's capital. The son of a veterinarian and a school principal, Mamadou grew up speaking English and still speaks Senegal's majority language, Wolof.

In his early 20s, after attending the University of Dakar, he came to the United States to continue studying engineering but found that baking bread was always on his mind. After a few years, he married his Senegalese childhood sweetheart, Mame, who had also emigrated to the United States, and together they settled in New York. Their son, Aldemba, was born in New York in 2000. Now 10 years old, Aldemba is a self-proclaimed Yankees fan.

When Aldemba was 1, the family moved to Winchester and worked in various jobs to save money to finally open a bakery of their own. When a small industrial building on Swanton Street in Winchester came on the market, Mamadou was ready to buy. The building has an attached garage, two parking

spaces and a basement, and with its open-floor design it was perfect for the small artisan bakery Mamadou had imagined. But there was much work to be done. The space had once been a machine shop, then, more recently, a bakery, but still needed extensive renovations. Gradually, Mamadou and Mame replaced all the plumbing and the electrical system and began buying new professional baking equipment. A multi-deck steam oven from France makes an impressive centerpiece.

With the equipment in place, Mamadou began to bake. Even before the store opened, they began taking their breads to farmers markets. In Winchester, Arlington, Allston, Belmont and Waltham they found an interested public and developed a following. "Farmers markets have been the key to our success," Mamadou says. And as soon as the retail store opened, on November 25, 2008, customers found it. With no website and no advertising, farmers market exposure and word of mouth was all it took.

"People find us. I have customers coming to the store from Stoneham, Jamaica Plain, Cambridge, from everywhere," says a gratified Mamadou. The bakery also sells to the restaurant Catch in Winchester and to a handful of private schools. In the spring, he'll add Acton to his list of farmers market locations.

It's the kind of place you feel you've discovered-"a hidden jewel," is what many say. Were it not for its bright yellow awning, the little building would be easy to miss. It's in a dense neighborhood of triple-deckers and single-family homes, across from the Swanton Street Diner and the Triad Driving Academy. When you go, for sure you'll see Mamadou-he's the tall guy in the back making bread. With its open space, the bakery lets customers watch all the action. "I make bread six days a week. On Mondays [when he's not making bread] I come here to feed the starters and relax." He says it gets him to stand and move around rather than to sit on chairs. "I can do it all day long and never get tired."

There's no café, no pastries, just handmade bread: Paysan, Semolina, Whole Wheat Walnut, San Francisco Sourdough, Farmers Whole Wheat, Cinnamon Raisin, Challah, Italian and many others. Each weighs a little more than a pound; each is hand-shaped by Mamadou-he says it gives him complete control over the dough and that "you get a better product when the whole process is hand done." Mame is there everyday, too, taking care of the financial side of the business. And Aldemba arrives after school and does homework. Mame says she'd like to go back to Senegal someday; Mamadou agrees, but adds that, "At the moment my focus is here. As I grow older I think it would be nice to go back home."

In his native Wolof he says, "Defaral mburu bu baakh askanwi mooy sama jog jog," which means, making real bread for the people is my goal.

Mamadou's Artisan Bakery

63 Swanton St.

Winchester

781-560-8068



Town of Arlington, Massachusetts

CITIZENS OPEN FORUM

Summary:



Town of Arlington, Massachusetts

For Approval: Placement of 'Relay for Life' Lawn Signs, 5/17/17 - 6/12/17

Summary:

Kimberly Van Winkle, Relay for Life, Arlington

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Relay_for_Life_request.pdf	Letter of Request
▢	Reference Material	Relay_for_Life_sign.pdf	Sample Lawn Sign

May 9, 2017

Arlington Selectmen
Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476



Dear Board,

We, the executive leadership team of the Relay for Life, Arlington are requesting permission to place lawn signs promoting our 17th annual Relay for Life Event. These signs would be placed on 5/17/2017 and removed by 6/12/2017.

We request permission for the following areas:

1. All town lines: Winchester, Lexington, Cambridge, Belmont, & Medford (Rt. 60)
2. Park Ave & Waverly
3. Park Ave & Wachusett
4. Islands at all corners of Mass Ave and Park Ave.
5. Summer Street
6. Summer Street & Edmond Road
7. Mill Street & Summer Street.
8. Mill Street & Mass Ave.
9. Jason Street & Mass Ave.
10. Mass Ave to Cambridge line.
11. Brattle Street & Summer Street.
12. Rotary on Ridge Street (3 total)
13. Falmouth Road & Crosby Street
14. Mass Ave
15. Mystic & Warren Street to Broadway

RECEIVED

2017 MAY 10 AM 10:18

TOWN CLERK'S OFFICE
ARLINGTON, MA 02174

We understand that we are not allowed to place signs on any island or area designated with a garden club placard.

Thank you for considering our request. Please feel free to contact Kimberly Van Winkle (ELT Coordinator) at 781-424-1744, should you have any questions or concerns.

Sincerely,

Kimberly Van Winkle
Relay for Life, Arlington
Event Coordinator

New England Division

43 Nagog Park, Suite 110, Acton, MA 01720-3426

p) 781.314.2668 f) 781.314.2699

Cancer Information: 1.800.227.2345 cancer.org RelayForLife.org

Friday May 5th – Sunday May 7th, 2017

7pm and 2pm Performances

Belmont Town Hall, 455 Concord Ave. Belmont

Tickets and Info: www.menotomytheater.com

Relay for Life is presented through special arrangement with Menotomy International (MTI).

ARLINGTON BOBWHITE

Join us in the fight against cancer!



relayforlife.org | 1.800.227.2345

No. 154329 Rev. 11/14

June 10-11

Arlington High School

Sign up your team today!

[www.RelayForLife.org/
ArlingtonMA](http://www.RelayForLife.org/ArlingtonMA)

THE SOAP BOX Derby SPEEDS INTO ARLINGTON

Living Spot at the All-American
Championship in Akron, Ohio
WHO: Kids 7-12 years of age
to build and race a go-cart
they are expected to compete
city-sponsored racers that they
as for a chance to represent
Arlington at the 7th annual
American Soap Box Derby.

sign up now!



of fuel



Town of Arlington, Massachusetts

For Approval: Two Sandwich Boards, 6/2 - 6/9, for Give Back Time's 'A Taste for Giving'

Summary:

Jared Blake, Founder/CEO, Give Back Time, Inc.

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	GiveBackTime_request.pdf	Request

Give Back Time, Inc.
A Taste for Giving
485 Massachusetts Ave.
Arlington, MA 02474

May 10th, 2017

Board of Selectman
Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476

Members of the Board:

This letter is to request permission to display two sandwich boards to help notify our community of GiveBackTime's, *A Taste for Giving*, Wine Tasting and Silent Auction to be held at the Sons of Italy in Arlington, MA on Friday evening, June 9th, 2017. This event will help to raise funds for the continued development of community outreach and programming.

We would like to place these boards in two distinct locations: on the westbound center island at the intersection of Mass. Ave. and Pleasant St. and on the Mystic Street island. These boards will be 25 inches wide and 37 inches in height and will be secured and stabled. We request permission to display the boards from June 2nd - June 9th and will remove the boards immediately in the event the fundraiser is sold out prior to June 9th.

Thank you for your consideration.

Sincerely,

Jared Blake
Founder/CEO
Give Back Time, Inc.
485 Massachusetts Ave.
Arlington, MA 02474
617-331-3340



Town of Arlington, Massachusetts

For Approval: 19th Annual Feast of the East, June 17

Summary:

Jan Whitted, Capitol Square Business Association

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Police_recommendations_Feast_of_the_East_2017.docx	Police Recommendations
▢ Reference Material	Feast_of_the_East_request.pdf	Request from Capitol Square Business Association

ARLINGTON POLICE DEPARTMENT

CHIEF OF POLICE
Frederick Ryan



Town of Arlington
MASSACHUSETTS 02474

POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900
Facsimile 781-316-3919

MEMORANDUM

TO: Marie Krepelka
Board Administrator

FROM: Officer Corey P. Rateau
Traffic and Parking Unit

DATE: May 10, 2017

RE: Feast of the East, June 17, 2017

The Traffic and Parking Unit has been in contact with the organizers of the annual Feast of the East Festival. We have no objections to the event as long as it continues to use the same set up since the completion of the east end portion of the Mass Ave Corridor Project last year.

The DPW has requested that the Board of Selectmen emphasize to the event organizers that participants must end the event on-schedule and clear their areas. They stated that last year they were delayed in fully reopening Mass Avenue and clearing away cones and other barriers due to some vendors continuing to operate with their canopies obstructing portions of the parking lane well beyond the 4:00 pm end time.

Please advise the event organizers that they can contact us for any further assistance.

Cc: Frederick Ryan, Police Chief
Capt. Julie Flaherty, Support Services Commander
Lt. Paul Conroy, OIC / Traffic, Details, and Licensing
Adam Chapdelaine, Town Manager
Dan Warren, DPW, Operations Manager
Kurt Kelley, Highway Supervisor

"Proactive and Proud"



*Shopping, Dining, Arts, Entertainment and Style
in East Arlington, MA*

www.CapitolSq.com

March 22, 2017

To the Board of Selectmen:

This request is for approval to hold our 19th annual *Feast of the East* festival on June 17th from 12 to 4 PM in Capitol Square.

Feast of the East features food, music, and family entertainment along Mass Ave for several blocks in East Arlington. We request permission for the following items, which are the same as in past years:

- Festival events to take place from the Capitol block (just past Lake Street) to Trinity Baptist Church (Amsden Street)
- Mass Ave to remain open
- Sidewalks on these blocks to be widened by the placement of barriers and yellow tape, so that parking is reduced during the event.
- Cleveland Street to be closed where it meets Mass Ave to create a safe island for entertainment. Residents will continue to have access from Waldo Street and Broadway
- Signs to be placed at Orvis Road and Rt 16, and at the corners of Lake Street and Winter Street

Police details will be in place for pedestrian safety.

We hope you'll join us in continuing this community tradition.

Jan Whitted
Feast of the East
Capitol Square Business Association

Capitol Square Business Association

c/o Artbeat 212A Mass Ave • Arlington MA 02474 • 781-646-2200 • Jan Whitted, Manager

**TOWN OF ARLINGTON
SPECIAL EVENT PERMIT APPLICATION**

Applicant and Sponsoring Organization Information

Name of Organization / Sponsor: FEAST OF THE EAST / CAPITOL SQUARE ASSN.
Address: 212A MASS AVE City: ARLINGTON State: MA Zip: 02474
Applicant Name: JAN WHITTED Tel#: 781-646-2200
E-mail: JAN@ARTBEATONLINE.COM
Event Manager: COMMITTEE SHANNAN McLENNON - BROOKLINE BANK Contact Info: 617-792-1717
Other Contact Person/s: SUSAN DORSON Contact Info: 857-930-8356

Event Information

☐ Run/Walk ☐ Parade ☒ Event

Event Title: FEAST OF THE EAST

Start Date & Time(s): 6/17/17 NOON End Date & Time(s): 6/17/17 4 PM

Estimated Attendance: # 2000? Admission Fee: 0

Open to the Public: ☒ Yes ☐ No

Requested Location: Street (specify): MASS AVE FROM CAPITOL BLOCK TO
Other (specify): CLEVELAND ST TO ARNOLD ST.

Set Up Date/Time & Description: 6/17/17 10 AM

Breakdown Date/Time & Description: 6/17/17 4 PM

NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS

ATTACHED IS LAST YEAR'S PROGRAM W MAP. LAYOUT THIS YEAR IS THE SAME

Event Details

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Will you set up table(s) and/or chair(s)? Approximate number: 50-60
Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): tents/tables
Canopy(ies) and/or Tent(s)- describe dimensions: 10x10 along Mass Ave

The following is required by your organization to insure the safety and health of all participating in this event: Note: You do not need to contact the departments below if it is not required.

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Police Detail: _____ (contact police)



Town of Arlington, Massachusetts

For Approval: Arlington Alive Summer Arts Block Party, Saturday, June 24, 2017, 11:00 a.m. - 4:00 p.m.

Summary:

- a) Restrictions and street closure from 9:00 a.m. to 6:00 p.m. on Broadway @ Massachusetts Avenue, Broadway @ Alton Street, and Broadway before the Central Fire Station;
- b) Performances and booths on Broadway Plaza;
- c) No parking at spaces on Broadway in front of the Veterans' Memorial starting at 8:00 a.m.;
- d) Temporary bus stop to be located on the Massachusetts Avenue side of the Veterans' Memorial (length of three on-street parking spaces);
- e) Hanging of twelve pole banners in Arlington Center;
- f) Suspension of parking fees in the Russell Common Lot during event.

Tom Davison, Arlington Committee on Tourism and Economic Development
Marga Varea, Manager, Arlington Alive Summer Arts Block Party

ATTACHMENTS:

Type	File Name	Description
Reference Material	Police_Recommendations_Arlington_Alive_Block_Party_2017_(1).docx	Police Recommendations
Reference Material	Summer_Arts_Block_Party2017_Board_of_Selectment_APPROVAL_(1).pdf	Letter of Request

ARLINGTON POLICE DEPARTMENT

CHIEF OF POLICE
Frederick Ryan



Town of Arlington
MASSACHUSETTS 02474

POLICE HEADQUARTERS
112 Mystic Street
Telephone 781-316-3900
Facsimile 781-316-3919

MEMORANDUM

TO: Marie Krepelka
Board Administrator

FROM: Officer Corey P. Rateau
Traffic and Parking Unit

DATE: May 10, 2017

RE: Arlington Alive Summer Arts Block Party 2017

The Traffic and Parking Unit has reviewed Mr. Thomas Davison's application to hold the annual Arlington Alive Summer Arts Festival on June 24th (rain date June 25th). As long as it continues to maintain the same format as previous years, we have no objection to the issuance of this permit.

Mr. Davison has not consulted with our Division yet so please advise him to do so by June 5th so that we can coordinate all necessary notifications, police details and road closures.

CPR

Cc: Frederick Ryan, Police Chief
Capt. Julie Flaherty, Supports Services Commander
Lt. Paul Conroy, OIC / Traffic, Details, and Licensing
Deputy John Kelly, Arlington Fire Operations
Adam Chapdelaine, Town Manager
Dan Warren, DPW Operations Manager

"Proactive and Proud"

From: **Thomas Davison**
Arlington Committee on Tourism and Economic Development (ATED)

Marga Varea
Arlington Commission on Arts & Culture (ACAC)
Manager, Arlington Alive Summer Arts Block Party

To: **Arlington Board of Selectmen**

CC: Adam Chapdelaine, Town Manager
Robert Jefferson, Fire Chief
John R Kelly, Deputy Fire Chief
Lt. Paul Conroy, Arlington Police Dept.
Officer Corey Rateau, Arlington Police Dept.
Michael Rademacher, Director, Dept. of Public Works
Christine Bongiorno, Director, Dept. Health and Human Services

Date: May 9, 2017

Subject: Arlington Alive Summer Arts Block Party

Thanks very much for taking the time to review this project plan for the fifth annual **Arlington Alive Summer Arts Block Party**. This free event showcases the rich cultural fabric of Arlington and invites attendees to learn more about and visit the shops of our vibrant business community.

The **Summer Arts Block Party** is scheduled for Saturday, June 24, 2017, with a rain date of Sunday, June 25, 2017. Please find below the relevant information subject to approval by the Board of Selectmen. Further comments and corrections are greatly appreciated.

- The Summer Arts Block Party will take place from 11:00am–4:00pm on **Broadway and Alton Street**. General restriction and street closure will be required from **9:00am to 6:00pm on Broadway at Massachusetts Avenue, Broadway at Alton Street, and Broadway before the Central Fire Station** to accommodate setup and breakdown of artist booths and performance areas.
- Driveway access will be allowed behind buildings. **Restricted access** will accommodate the installation of artist booths and food vendor stands.
- No booths will be set up in front of businesses located on Alton Street. Event vendors and participants will be instructed to park vehicles in the Russell Common Lot, not in front of residences on Alton Street.
- **Portions of Broadway Plaza** will be utilized for performances and booths. **Sidewalks in front of businesses will not be obstructed**. ATED will distribute a formal communication to potentially impacted businesses.
- We have contacted Fire Chief Jefferson on use and restrictions for the set-up of booths on Broadway. No booths will be set-up east of the American Alarm driveway. **Arlington**

Fire Department safety vehicles will be able to pass freely to and from the Central Station.

- The block of on-street parking spaces on Broadway in front of the **Veterans' Memorial area will need to be reserved starting at 8 am** on June 24^h to accommodate setup of the main performance stage.
- Three on-street parking spaces on the Massachusetts Avenue side of the Veterans' Memorial will need to be utilized for a **temporary bus stop**; please advise regarding arrangement with the MBTA.
- ATED will coordinate with the DPW:
 - For use of the exterior electrical outlets located by **Veteran's Memorial** to power sound equipment for performing artists.
 - For the pick-up and use of temporary trash & recycle receptacles/removal of trash after the event.
 - To hang twelve pole banners in Arlington Center to promote the event.
- ATED will ensure that all food vendors submit requests for temporary food permits to the Dept. of Health in a timely manner prior to the event.
- A **waiver of central parking fees** at the Russell Common Lot will be needed for the duration of the Block Party in order to replace the parking spaces on Broadway Plaza and to encourage attendance.



Town of Arlington, Massachusetts

Endorsement of Community Choice Aggregation Contract Execution Parameters

Summary:

Adam W. Chapdelaine, Town Manager

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Community_Choice_Aggregation_Memo.pdf	Reference from A. Chapdelaine



**Town of Arlington
Office of the Town Manager**

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us
Website: www.arlingtonma.gov

To: Members of the Board of Selectmen

From: Adam Chapdelaine, Town Manager

RE: Community Choice Aggregation – Contract Execution Parameters

Date: May 11, 2017

As the Board will recall, the 2016 Annual Town Meeting took the necessary action to begin the process of Arlington engaging in Community Choice Aggregation (CCA) for electricity procurement. Following the approval of Town Meeting, the Board approved an aggregation plan for the Town, which was sent to the Commonwealth's Division of Energy Resources (DOER) for review and approval and then ultimately to the Commonwealth's Department of Public Utilities (DPU) for review and final approval. The Town received the final approval of its aggregation plan from the DPU on April 14, 2017.

This approval has allowed the Town to move forward with procurement in cooperation with Good Energy, the electricity broker which was selected as part of a regional procurement effort coordinated by the Metropolitan Area Planning Council (MAPC). The current schedule aims to solicit pricing on May 16, 2017, in order to begin the aggregation on July 1, 2017. This schedule is formed around our expectation that Eversource will set their summer rate by the May 16th bid date.

As part of the presentation to both the Board and Town Meeting last year, I committed to having the Board endorse parameters by which we would enter into an electricity supply contract.

So, in order to move forward with the procurement, I am requesting the Board's approval of such parameters at Monday's meeting. As the Board will recall, the stated goals of CCA are:

- lowering the cost of electricity;
- gaining longer term price stability; and
- offering more renewable energy options.

Based upon these goals, and also the guidance of Good Energy in relation to the current energy markets, I am requesting endorsement of the following parameters:

- A contract will only be executed if the basic price is lower than the Eversource summer rate.
 - Arlington's aggregation plan will default all ratepayers into a plan which contains 5% more renewable energy credits than what is provided by Eversource. Though we are hoping that this default rate is lower than the Eversource rate, it may be equal or slightly higher. All ratepayers will be able to either opt-in to the basic rate or opt-out of the program entirely. The overall goal is to lower cost and provide stability over the course of the contract, as opposed to be subjected to the biennial rate setting of Eversource.
- The contract term will not exceed 30 months, but a contract will be selected based upon the duration (30 months or less) that best projects to save residents money over the course of the contract.

I look forward to discussing this request at Monday's meeting and would be happy to answer any questions that you may have.



Town of Arlington, Massachusetts

Request Two Stop Signs at Intersection of Mary Street and Burch Street

Summary:

William J. Logan, Esq., 5 Mary Street
via Request/Answer Center

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Logan_CR.pdf	Correspondence from Mr. Logan

Service Request Work Order # _____

Requested: ☐

Routine Maintenance: ☐

Emergency: ☐

Address 1	Reference No: W080114-042817
Address 2	Request Status: Initiated
City	Service Request Type: Selectmen Agenda Item
State/Province	Priority: Medium
Zip/Postal Code	Assigned To: 1 BOSadmin
Agenda Topic Mary/Burch St Stop Sign	Email: wlogan@rcn.com
Provide details here Due to the increasing number of accidents occurring at the Mary and Burch Street intersection, it is requested that the BOS have 2 additional stop signs placed on both sides of Mary Street at the Burch Street intersection. Included are some photos from a recent crash/accident on 4/28/17	Name: William J. Logan, Esq.
	Phone: 781-646-4414
	Address: 5 Mary Street
	City: Arlington
	State/Province: MA
	Zip/Postal Code: 02474
	Create Date: 4/28/2017 5:51:49 PM
	Update Date: 4/28/2017 5:51:49 PM
	Source: Web

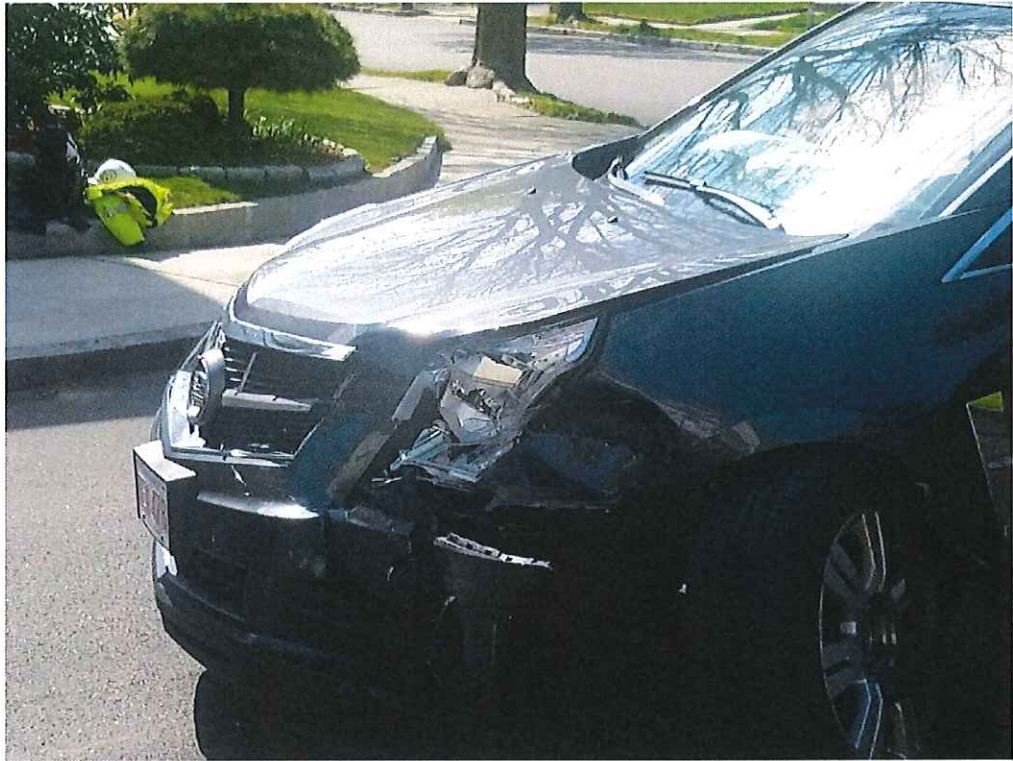
Employee Responsibility

Note: All requests will remain "Open" until you return this form.

Action Taken:	Date:
	Time:
No Action Taken (Reason):	Date:
	Time:

Signature: _____







Town of Arlington, Massachusetts

NEW BUSINESS



Town of Arlington, Massachusetts

EXECUTIVE SESSION



Town of Arlington, Massachusetts

Next Scheduled Meeting of BoS June 5, 2017.